



## REQUEST FOR RELEASE AND/OR DISCUSSION OF VETERANS RECORDS

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Veteran's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Date of Birth: \_\_\_\_\_ Social Security or Service Number: \_\_\_\_\_

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month* *Year* *Month* *Year*

I hereby authorize the Wisconsin Department of Veterans Affairs (WDVA) to discuss and/or to release any and all of the following records with and to the third party identified below: **(Check the appropriate box(es) below to indicate which records should be released.) No records generated in the course of employment with WDVA, irrespective of the content, may be released under this authority.**

- My applications for benefits with either the United States Department of Veterans Affairs (VA) or Wisconsin Department of Veterans Affairs (WDVA).
- VA or WDVA medical treatment records.
- VA or WDVA mental health records.
- Military separation records.
- Department of Defense (DOD) service records.
- Any other records maintained by WDVA which were received from the VA or the DOD or were created by WDVA.

**Person or Organization who may receive and/or discuss my records with WDVA: (Name, Agent, Full Address)**

This authorization expires on this specific date: \_\_\_\_\_

For Wisconsin Veterans Homes Members, this authorization expires upon death or discharge of the Member.

I release WDVA, the VA, and the DOD for any liability regarding the release or discussion of such records to or with the party I have authorized above. I acknowledge that any subsequent use or disclosure of such records by any entity which obtains such records cannot be controlled or prevented by WDVA, VA, or the DOD. This authorization to release and/or to discuss records is signed without solicitation or the expectation of any consideration.

Authorization is being given by:

- Veteran
- Veteran's Duly Authorized Representative\* (Proof Required)

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*Signature of Veteran or Veteran's Duly Authorized Representative\**

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*Date*

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*Address (Street, City, State, Zip Code)*

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*Type of Photo ID*

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*Photo ID Number*

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*State of Issuance*

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*Expiration Date*

**IDENTIFICATION REQUIREMENTS:**

*A photocopy of the authorizing individual's current ID must be submitted with all mailed or faxed requests.*

**At least one form of ID must show your current name and current address. Expired cards or documents will not be accepted.**

**Acceptable forms of identification are:**

**One of these:**

- Wisconsin Driver's License
- Wisconsin Photo ID
- Out-of-State Driver's License or Photo ID Card
- US Passport

**OR**

**Two of these:**

- Check or Bank Book
- Major Credit Card
- Health Insurance Card
- Recent Dated, Signed Lease
- Recent Utility Bill or Traffic Ticket

**\*Veteran's Duly Authorized Representative:** "Duly authorized representative" means any person authorized in writing by the veteran to act for the veteran, the veteran's guardian if the veteran is adjudicated incompetent, or a legal representative if the veteran is deceased. Where for proper reason no representative has been or will be appointed, the veteran's spouse, an adult child, or, if the veteran is unmarried, either parent of the veteran shall be recognized as the duly authorized representative.