

COUNTY / TRIBAL VETERANS SERVICE OFFICER VBATS ACCOUNT AUTHORIZATION

Applicant Name

Title

☐ CVSO ☐ TVSO ☐ Benefits Specialist

County / Tribe

County / Tribal Veterans Service Office Address

Phone

Email

Signature

Date

☐ Annual Renewal

By signing above, I acknowledge and understand that criminal and/or civil penalties and/or civil damages may apply if I obtain unauthorized access to or make unauthorized disclosure or inspection of records obtained from the VBATS application. I understand that I must keep any records I obtain from the VBATS application secure to prevent loss, theft, or unauthorized disclosure and will treat this information as strictly confidential. I understand that if I obtain unauthorized access to or make unauthorized disclosure or inspection of records, my access to the VBATS application will be permanently revoked. I further understand that if my federal accreditation through the USDVA is suspended/revoked for any reason, my access to the VBATS application will be suspended/revoked.

COUNTY EXECUTIVE, ADMINISTRATOR, ADMINISTRATIVE COORDINATOR, OR TRIBAL AUTHORITY

Name

Title

County / Tribe

Phone

Email

Signature

Date

☐ Annual Renewal

By signing above, I certify on behalf of my county/tribe that these signatures are valid and that these individuals are authorized to access and utilize the VBATS for WDVA programs and benefits. I understand that criminal and/or civil penalties and/or civil damages may apply if I, or the signatories above obtain unauthorized access to, or make an unauthorized disclosure or inspection of records obtained from the VBATS database, and agree to indemnify and hold harmless the WDVA for all costs and damages, including reasonable attorney's fees for all such violations occurring after the date of the signing of this document. I certify that the county veterans service officer or tribal veterans service officer listed on this form was hired pursuant to Wis. Stats. §§ 45.82(1) and (2) or 45.82(4), respectively.

****If there is more than one applicant in the office, please complete a form for each applicant.****