REQUEST FOR RELEASE OF PRIVATE DATA

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 54412 (8-2008)

This authorization gives express authority to the _____ County Recorder/ Veterans Service Officer or North Dakota Department of Veterans Affairs to release a copy of the DD 214, or other private data held by the department of veteran identified in this release.

Provision of State Data Practices Act under North Dakota Statute

A. Information collected through use of this release may be used and disseminated only to individuals or agencies specifically authorized access to that data by state, local or federal law subsequent to the collection of that data.

B. You may refuse to sign this release of information, but such refusal will result in a denial of your request for record.

C. This release of information is valid for this request only.

VETERAN'S IDENTIFYING INFORMATION (Please print clearly or type)

Note: If the veteran's name has changed since the requested separation document was issued, provide evidence of the name change, such as marriage certificate, divorce decree, court ordered name change, adoption record, etc.

Veterans Name: Last, First, Middle		Veterans Social Security or Service Number	
Date of Birth	Date of Death	Date of Entry	Date of Separation
Branch			

DATA ON PERSON REQUESTING INFORMATION (Please print clearly or type)

Name (Last, First, Middle)		
Address (Street or PO Box)		
City	State	Zip Code
Telephone Number	Fax Number	
Relationship to Veteran in the Case of a Deceased Veteran		
We must have written consent of next of kin. The next of kin is defined as: unremarried widow or widower, son, daughter, father, mother, brother or sister.		

Information provided on this form is true and accurate to the best of my knowledge.

Signature of Applicant	Date

Return form to: ND Department of Veterans Affairs
PO Box 9003
Fargo ND 58106-9003

FAX: 701-239-7166