Name of County Recorder/Veterans Service Officer or ND Department of Veterans Affairs Releasing Information

This authorization gives express authority to the County Recorder/Veterans Service Officer or North Dakota Department of Veterans Affairs, named above, 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)

Name of Veteran		vedecree, court ordered name change, adoption record, etc. Veteran's Social Security or Service Number		
Date of Birth	Date of Death	Date of Entry	Date of Separation	
Branch				
DATA ON PERSO Requesters Name (La		RMATION (Please print clearly	or type)	
Nequesters Name (La	st, First, Middle)			
Address		City	State	ZIP Code
Telephone Number	Fax Number	Email Address		
Relationship to Vetera	an (in the case of a deceased v	l /eteran)		
We must have writte	en consent of next of kin. The	next of kin is defined as: unremarri	ed widow or widowe	r, son,
	ther brother or eister			
daughter, father, mo	other, brother or sister.			
daughter, father, mo		I accurate to the best of my kno		
daughter, father, mo	ded on this form is true and			
daughter, father, mo	ided on this form is true and		wledge.	
daughter, father, mo Information provi Signature of Applicant Return Completed Department	ded on this form is true and Form to: of Veterans Affairs		wledge.	
daughter, father, mo Information provi Signature of Applicant Return Completed Department 4201 38th S Fargo, ND 5	Form to: of Veterans Affairs treet SW, Suite 104 8104-7535	I accurate to the best of my kno	wledge.	
daughter, father, mo Information provi Signature of Applicant Return Completed Department 4201 38th S Fargo, ND 5	Form to: of Veterans Affairs treet SW, Suite 104 i8104-7535 701-239-7165	accurate to the best of my kno Veteran's Service Office	wledge.	ZIP Code

The Veteran's social security number is requested to enable the ND Department of Veterans Affairs to conduct a check for VA Benefits and to verify military service pursuant to N.D.C.C. sections 37-14-01.1 and 37-14-14. The individual's social security number will be used as an identification number. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will be unable to verify required information and fulfill your request.