STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 1-800-WIS-VETS (947-8387)

Wis. Stats. Chapter 45

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: **(In each case, circle yes or no, and initial.)**

1. My applications for benefits with either the United States Department of Veterans Affairs (**VA**) or Wisconsin Department of Veterans Affairs (**WDVA**). **(yes / no _____)**
2. VA or WDVA medical treatment records. **(yes / no _____)**
3. VA or WDVA mental health records. **(yes / no _____)**
4. Military separation records. **(yes / no _____)**
5. Department of Defense (DOD) service records. **(yes / no _____)**
6. Any other records maintained by WDVA which were received from the VA or the DOD or were created by WDVA. **(yes / no _____)**

Party who may receive and/or discuss my records with WDVA:

_____ _____
Name of Party **(Veteran initial here _____)** *Agent for Party if Party is not a Natural Person* **(Veteran initial here _____)**

_____
Address of Party (Street, City, State, Zip Code)

This authorization is valid for _____ year(s) from the date I sign it. **(Veteran initial here _____)**

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.

Signed this _____ day of _____ , 20 _____ by:

_____
Veteran's Signature

_____
Veteran's Address (Street, City, State, Zip Code)

You can access the most recent version of this form from the WDVA website at *www.WisVets.com/Forms.*