

REQUEST FOR RELEASE OF PRIVATE DATA

This authorization gives express authority to the Lyon County Recorder/Veteran Services Officer to release a copy of the DD 214 or other private data pertaining to the Veteran identified in this release.

Provisions of State Data Practices Act under Minnesota 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 or 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.

Veteran's Name: Last, First, Middle

Veteran's Social Security Number and Service Number

Date of Birth

Date of Death

Date of Entry

Date of Separation

Veteran's Address at time of entry: Street or PO Box, City, State, Zip Code

Data on Person Requesting Information

Name: Last, First, Middle

Mailing Address

Daytime Telephone, including area code

Requester's Fax Number

Relationship to Veteran in the case of a deceased Veteran (surviving spouse, child, parent)

(See next page for evidence required)

I have read and understand the provisions of the State Data Practices Act as stated above and hereby authorize the Minnesota Department of Veterans Affairs and/or Lyon County to release the requested information. I further state that all information provided on this form is true and accurate to the best of my knowledge.

Signature of Requester

Date

***NOTE: Signature must be witnessed by notary public if request is not being made IN PERSON.* (See next page)**

RETURN THIS FORM TO: Lyon County Veteran Services 607 West Main Street Marshall, MN 56258

Notary Public Information

The foregoing instrument was acknowledged before me this ____ day of _____ 20____

By _____
(Printed Name)

Notary Stamp:

Signature of Notary

Individuals appearing in person to request private data must provide acceptable verification of their identity, such as a valid driver's license, valid state issued identification card or original social security card.

If the Veteran identified on the reverse side of this form is deceased, the Lyon County Recorder or Veteran Services Officer may release records to the persons specifically listed below, in the order listed. Records will not be released to any person not specifically listed below.

1. The deceased Veteran's surviving spouse;
2. If the deceased Veteran's spouse is also deceased, to the Veteran's surviving children;
3. If the deceased Veteran has no surviving children, to the deceased Veteran's parents.

Evidence Required

1. The surviving spouse must provide a certified copy of the deceased Veteran's death certificate and must also provide a certified copy of a marriage certificate between the deceased Veteran and the surviving spouse.
2. Children of a deceased Veteran must also provide a certified copy of the deceased Veteran's death certificate, and:
 - A. a certified copy of the deceased Veteran's spouse's death certificate or divorce decree between the deceased Veteran and his former spouse, and:
 - B. a certified copy of the requester's birth certificate naming the deceased Veteran as a parent.
3. Parents of deceased Veterans must provide a certified copy of the deceased Veteran's death certificate, a certified copy of the deceased Veteran's birth certificate naming them as a parent and a signed statement attesting that the Veteran has no surviving spouse and no surviving children.

Official Use Only:

Date

Information Furnished by

Identification Provided

Information Provide to: ____ Veteran ____ Requester

Information not furnished because: _____