

# Authorization for Release for Certificate of Military Discharge

Pursuant to SDCL 33-17-14

## Information Needed to Locate Records:

1. <u>Name veteran used during service</u> (last, first, middle)	2. Social Security Number or Service Number
3. Date of Birth	4. Place of Birth
5. Dates of Service	6. Branch of Service

## Print or type name and address of person to whom a copy of certificate is to be sent or released:

7. Name:
8. Street Address or PO Box:
9. City, State, Zip
10. Telephone Number
11. Signature and date

## Requester is eligible to receive a copy of the military discharge certificate by virtue of being:

- The veteran named above
- A county/tribal veterans service officer
- The Department of Military and Veterans Affairs
- The veterans parent
- The veteran's next of kin    Relationship: \_\_\_\_\_
- The veteran's legal representative (must submit a copy of court appointment)
- The veterans designee