



AUTHORIZATION FOR THE DISCLOSURE AND RELEASE OF INFORMATION TO A THIRD PARTY

This form documents your request and gives the Virginia Department of Veterans Services your permission to disclose and/or release information concerning your claim(s) and/or appeals(s) for benefits, and related information, with the United States Department of Veterans Affairs or the Commonwealth of Virginia to the third parties as shown below. Federal and state law requires that we obtain a client's written permission to provide their confidential information to a third party, including members of their family, friends, business associates, or others.

The Virginia Department of Veterans Services (DVS) respects your privacy and will only disclose the information in its custody or control in the following circumstances: with a client's written permission to release or disclose their information to a designated third party; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted.

I _____ authorize the Virginia Department of Veterans Services to release and/or disclose the information concerning my claim(s) and/or appeals(s) for benefits, and related information, with the United States Department of Veterans Affairs (VA) or the Commonwealth of Virginia to the following third parties as shown below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Disclosure of the information described above has been specifically requested as evidenced by the following signature. This consent shall remain effective until revoked in writing.

Veteran's Name: _____

Veteran's Social Security Number: _____

Veteran's Date of Birth: _____

Client's Signature: _____ Date: _____

Client's Full Name: _____