

**RELEASE OF INFORMATION
BY ACCREDITED REPRESENTATIVE
TO COUNTY VETERANS SERVICE OFFICE**

NAME OF VETERAN

DATE

VA FILE NUMBER

SOCIAL SECURITY NUMBER

NAME OF CLAIMANT (IF OTHER THAN VETERAN)

RELATIONSHIP TO VETERAN

ADDRESS

I hereby appoint the _____ as my

NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE USDVA

representative to present my claim for benefits from the United States Department of Veterans Affairs (VA) based on the service of the above-named veteran.

The above-named accredits representative is authorized to disclose information about my VA claim to County Veterans Service Office named below.

I also authorize the above-named accredited representative to release to the County Veterans Service Office named below, information or access to records protected by 38 U.S.C. 7332, which relate to the diagnosis, treatment, or other therapy for the condition(s) of drug abuse, alcohol abuse, infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, that may be contained or maintained in the VA claimant's record.

COUNTY VETERANS SERVICE OFFICE [Name of county, not individual(s)] AND ADDRESS

SIGNATURE OF CLAIMANT

DATE