

REQUEST FOR RELEASE OF PRIVATE DATA

This authorization gives express authority to the Isanti County Recorder or the Isanti County Veteran's Service Office to release a copy of the DD 214, or other private data held by the department of 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 of your request for a 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 a 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 (if applicable)

Branch of Service

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 (Please print clearly or type)

Name _____

Mailing Address _____

Daytime Telephone, include area code: _____ Requester's fax number _____

Relationship to veteran in the case of a deceased veteran _____ (surviving spouse, child, parent) (Please see the back of this form 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 to release the requested information. I further state that all information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Requester or Veteran's Service Officer

Date

Signature must be notarized if applying by mail or fax.

Subscribed and sworn before me this ____ day of _____, 20____

_____. My commission expires: _____ (seal)

RETURN THIS FORM TO: Isanti County Veteran's Service Office at: 555 18th Ave SW Cambridge, MN 55008

Or to the Isanti County Recorder's Office, 555 18th Ave SW Cambridge, MN 55008

NOTE: Information and assistance is available from your County Veterans Service Officer. If your DD 214 is not available, we will send you a form SF 180 which you can use to request a copy of your DD 214 from the National Personnel Records Center in St. Louis, MO. It may take quite some time to receive your DD 214.

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 Isanti County Recorder or Isanti County Veteran's Service 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 copy of the deceased veteran's death certificate and must also provide a copy of a marriage certificate between the deceased veteran and the surviving spouse.
2. **Children** of a deceased veteran must also provide a copy of the deceased veteran's death certificate, and
 - A. a copy of the deceased veterans spouse's death certificate or divorce decree between the deceased veteran and his former spouse, and;
 - B. a copy of the requester's birth certificate naming the decease veteran as a parent.
3. **Parents** of deceased veterans must provide a copy of the deceased veteran's death certificate, a 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.

For Office Use Only

Date _____ Information Furnished by _____

Identification Provided: _____

Information provided to: _____ Veteran _____ Requester _____

Information not furnished because: _____
