Authorization to Release Information

	I authorize my Power of Attorney	to provide copies
of all correspondence pertaining to my claim, from the Department of Veterans Affairs (VA		nt of Veterans Affairs (VA)
	to the county veterans service officer of	County, AR.
	· · · · · · · · · · · · · · · · · · ·	

I do not want copies of correspondence pertaining to me from the Department of Veterans Affairs (VA) sent to anyone except myself.

	Signature
ADVA Form 80	Name
(Local Reproductions Authorized)	C#

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ADVA Form 80	Name	_
(Local Reproductions Authorized)	C#	-

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Signature	
Name	
C#	

ADVA Form 80 (Local Reproductions Authorized)