

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) 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.

ADVA Form 80
(Local Reproductions Authorized)

Signature _____
Name _____
C# _____

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