

REQUEST FOR RELEASE OF PRIVATE DATA

This authorization gives express authority to the Yellow Medicine County Recorder's 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 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 marriage certificate, divorce decree, court ordered name change, adoption record, etc.

Veterans Name: Last, First, Middle		Veterans Social Security Number and Service Number	
Date of Birth	Date of Death	Date of Entry	Date of Separation
Veterans 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: _____ Requestor'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 Yellow Medicine County Recorder's office 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 Requestor _____ Date _____

Signature must be notarized if applying by mail or fax.

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

_____. My commission expires: _____

(Seal)

*For Administrative
Use Only*

ID Viewed _____

Initials _____

NOTE: Information and assistance is available from the Yellow Medicine County Veterans Service Officer at (320) 564-3134. 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.

RETURN THIS FORM TO: Yellow Medicine County Recorder, 415 9th Avenue, Granite Falls, MN 56241 Phone: (320) 564-2529 Fax (320) 564-3670

Individuals appearing in person to request private data must provide acceptable verification of their identity, such as a valid drivers 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 Yellow Medicine County Recorder's office 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 veterans surviving spouse;
2. If the deceased veterans spouse is also deceased, to the veterans surviving children;
3. If the deceased veteran has no surviving children, to the deceased veterans 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 veterans 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 requesters birth certificate naming the deceased 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 veterans birth certificate naming them as a parent and a signed statement attesting that the veteran has no surviving spouse and no surviving children.

Date	Information Furnished by
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Identification Provided: _____

Information provided to: _____ Veteran _____ Requester

Information not furnished because: _____
