



ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS
833 SOUTH SPRING STREET
SPRINGFIELD, IL 62704

REQUEST AND CONSENT TO RELEASE INFORMATION FOR VETERAN'S RECORDS

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|--|--|---------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| I. *Date: _____ | | RECORDS REQUEST | | | *Indicates a Required Fields |
| INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates – period from and to – covered by each. Discharge Records <input type="checkbox"/> Specific (Provide Dates): _____ <input type="checkbox"/> All Discharges <input type="checkbox"/> Other _____ | | | | | |
| * PURPOSE (S) FOR WHICH THE INFORMATION IS TO BE USED. <input type="checkbox"/> Benefit <input type="checkbox"/> State Employment <input type="checkbox"/> Replacement <input type="checkbox"/> Other: _____ | | | | | |
| II. VETERANS' INFORMATION | | | | | |
| TO: | DEPARTMENT OF VETERANS' AFFAIRS 833 SOUTH SPRING STREET (RECORDS SECTION) SPRINGFIELD, IL 62704 FAX: (217) 782-4161 | | *NAME OF VETERAN (Type or Print) | | |
| | | | *SERVICE NO. (If Known) | *SOCIAL SECURITY NO. (If Known) | *DATE OF BIRTH (If Known) |
| *BRANCH OF SERVICE | DATES OF SERVICE | HOME OF RECORD (City and State) | | PHONE NUMBER OF VETERAN | |
| *ADDRESS OF VETERAN (If Living) _____ (Street, City, State, Zip Code) | | | | *EMAIL ADDRESS: | |
| I hereby request and authorize the Illinois Department of Veterans' Affairs to release the following record(s) identified, in the "Records Request" section, to the organization, agency, or individual named hereon. <i>AS COVERED BY 330 ILCS 70/0.01 et. seq.</i> | | | | *VETERANS' SIGNATURE: | |
| SEND TO THE ABOVE ADDRESS ALONG WITH A COPY OF A VALID FORM OF IDENTIFICATION (i.e., Driver's License, State ID, or Medicaid Card) | | | | *NAME: _____ (Type or Print) | |
| III. IF YOU ARE NOT THE VETERAN LISTED ABOVE, YOU WILL NEED TO MARK YOUR APPLICABLE CLASSIFICATION AND PROVIDE THE DOCUMENTATION FOR THAT CLASSIFICATION LISTED BELOW. | | | | | |
| Photo ID required for proof of requesting individual | | | | | |
| I am: <input type="checkbox"/> Spouse/Surviving Spouse – Marriage Certificate/Proof of Power of Attorney/Veteran's Death Certificate. <input type="checkbox"/> Dependent Child – Birth Certificate/Adoption Decree, showing relationship to the veteran. Relationship _____ <input type="checkbox"/> Guardian – Court Declaration of Guardianship. <input type="checkbox"/> Fiduciary – Court Declaration of Fiduciary responsibility. <input type="checkbox"/> Executor – Documentation signed by decedent/Probate Order appointing Executor. <input type="checkbox"/> Accredited Service Organization – Proof of Power of Attorney.(VFW, DAV, etc.) <input type="checkbox"/> Authorized Government Agency . Any other pertinent legal document(s) to verify the above status. | | | | | |
| WRITTEN INFORMATION MUST BE LEGIBLE | | | | | *Phone |
| *Individual/Organization (if applicable) | | | | | *Fax |
| *Street | *City | *State | *Zip | *Email | |
| *Name | | | *Signature | | |

I attest that the information provided is accurate, and that I am the legal next-of-kin or authorized recipient of the requested document(s).

AS COVERED BY 330 ILCS 70/0.01 et. seq.