



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

REQUEST AND CONSENT TO RELEASE INFORMATION FOR VETERAN'S RECORDS

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.