



## Consent to Release or Obtain Information Form

This is consent for release of information about: \_\_\_\_\_  
(Name of Veteran)

\_\_\_\_\_  
(Serial Number/Social Security Number) (Branch of Service) (Date of Birth)

I authorize \_\_\_\_\_  
(Name of Provider Agency)

to release or obtain my **Military Personnel Records** from the Defense Personnel Records Information System (DPRIS).

This information may be used only in support of applications for benefits from the United States Department of Veteran Affairs.

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is to be used to support applications for Veteran benefits.

This consent is valid only until: \_\_\_\_\_  
(Date Consent Expires)

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

\_\_\_\_\_  
Veteran's Signature (Date)

\_\_\_\_\_  
Veteran's address

***Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to who it pertains. Enclosure 3***