

# Authorization for Release of Certificate of Military Discharge

Pursuant to SDCL 33-17-14

## Information Needed to Locate Records

|  |   |
|--|---|
| 1. <u>Name veteran used during service</u> (last, first, middle) | 2. Social Security Number or Service Number |
| 3. Date of Birth   | 4. Place of Birth                           |
| 5. Dates of Service  | 6. Branch of Service                        |

|  |
|--|
| 7. Print or type name and address of person to whom a copy of certificate is to be sent or released:<br>Your Name: |
| 8. Street Address or PO Box:   |
| 9. City, State, Zip  |
| 10. Telephone Number   |
| 11. Signature and date   |

Requester is eligible to receive a copy of the military discharge certificate by virtue of being:

- The Veteran Named Above
- A County/Tribal Veterans' Service Officer
- The Department of Military and Veterans Affairs
- The Veteran's Parent
- The Veteran's Next of Kin. Relation: \_\_\_\_\_
- The Veteran's Legal Representative (must submit a copy of court appointment)
- The Veteran's Designee