

# Authorization for Release of Certificate of Military Discharge

Pursuant to SDCL 33A-2-8

## Information Needed to Locate Records

1. Name Veteran used during service (first, middle, last)	2. Social Security 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 certified copy of certificate is to be sent or released: Your Name: _____	
8. Street Address or PO Box: _____	
9. City: _____ State: _____ Zip Code: _____	
10. Telephone Number _____ Fax Number: _____	
11. Signature: _____ Date: _____	

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

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