Authorization for Release of Certificate of Military Discharge
Pursuant to SDCL 33-17-14

Information Needed to Locate Records

<table>
<thead>
<tr>
<th>1. Name veteran used during service (last, first, middle)</th>
<th>2. Social Security Number or Service Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Date of Birth</td>
<td>4. Place of Birth</td>
</tr>
<tr>
<td>5. Dates of Service</td>
<td>6. Branch of Service</td>
</tr>
</tbody>
</table>

7. Print or type name and address of person to whom a copy of certificate is to be sent or released:

   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

MVA – DVA – 21 – 22
July 1, 2003