

Authorization for Release of Certificate of Military Discharge

Pursuant to SDCL 33-17-14

Information Needed to Locate Records

1. Name Veteran used during service:	2. Last 4 of SS#
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 released:	
8. Street Address or PO Box	
9. City, State , Zip	
10. Signature and Date	

Requester is eligible to receive a copy of Military Discharge Certificate by virtue of being:

- Veteran Named Above
- Veterans Service Officer
- Veterans Parent or Spouse
- Veterans Next of Kin. Relation _____
- Veterans Legal Representative (must submit a copy of appointment)
- Dept of Military & Veterans Affairs