



**STATE OF VERMONT
OFFICE OF VETERANS AFFAIRS**

118 State Street, Montpelier, VT 05620-4401
Toll Free: (888) 666-9844; Phone: (802) 828-3379; Fax: (802) 828-5932
Operating Hours: Monday – Friday, 7:30 a.m. – 4:00 p.m.
www.va.state.vt.us

**Application for Release of Military Records Maintained at
the State Veterans Affairs Office**

Section 1: Veteran Information

Veteran Name: _____ SSN: _____-____-_____

Address: _____

Town: _____ State/ZIP: _____

Telephone of Veteran: _____

Birthdate: _____ Discharge Date (if known): _____

Service Was (circle one): Active Duty National Guard/Reserve Both

Email of Veteran (optional): _____

Section 2: Release of information (Used if Veteran is deceased)

Veteran Date of Death: _____

Requester name: _____

Relationship to Veteran: _____

Address: _____

Town: _____ State/ZIP: _____

Section 3: Release Authorization

I certify that the information provided above is accurate. I certify that I am either the veteran, the veteran's next of kin, or authorized agent of the veteran.

Signature of Person Requesting Record: _____

Date: _____