



**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: \_\_\_\_\_