



REQUEST AND CONSENT FOR MILITARY DISCHARGE PAPERS

State Form 52347 (R2 / 7-20)

DEPARTMENT OF VETERANS AFFAIRS

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www.in.gov/veteran

* This agency is requesting disclosure of your Social Security number in accordance with IC 21-14-4-1 and IC 21-14-4-2; disclosure is mandatory and this record cannot be processed without it.

This form does not authorize the release of information other than specifically described. Disclosure is voluntary. However, if information is not furnished, we may not be able to comply with your request.

I ☐ have ☐ have not made a written or telephonic request to this office prior to the submission of this release form.

Name of veteran	
Social Security number *	Date of birth (month, day, year)
Branch of service	Service number
Dates of service (month, day, year)	
Name of person requesting information (if other than veteran)	
To whom / where is this information authorized to be released? <input type="checkbox"/> Veteran <input type="checkbox"/> Other agent	
Name	Telephone number (required) () -
Address (number and street, city, state, and ZIP code)	

Signature of veteran or his/her power of attorney or next of kin	Date (month, day, year)
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Date of release (month, day, year)
