

MILITARY DISCHARGE RELEASE FORM

I, _____, a dependent of _____,
(name of veteran)

whose date of birth is _____, and whose date of discharge is _____,

authorize the Adams County Recorder, to provide a copy of

_____, military discharge form (DD-214) or any
(name of veteran)

other certificate of discharge or release from duty to _____
(person or entity to receive the
copy)

(signature of dependent)

Date

Notary