

**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