



STATE OF VERMONT - OFFICE OF VETERANS AFFAIRS
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Application for Release of **ACTIVE-DUTY** Military Records Maintained at the State Veterans Affairs Office

Veteran Information

Last 4 of SSN: _____ OR Service No.: _____ OR DOD ID No.: _____

Name: _____ Birthdate: _____

Branch of Service: _____ Discharge Date: _____

USA USN USMC USAF USCG USAAF OTHER (*specify*): _____

Requestor Information

Name: _____ Relationship to Veteran: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone No.: _____ Email (*optional*): _____

Release Authorization

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

Name: _____

Signature: _____ Date: _____

Send Record(s) via: Mail Email Fax