

DISABILITY RECORD AUTHORIZATION

PART A. TO BE COMPLETED BY VETERAN. PLEASE COMPLETE THIS PART OF THE FORM AND SEND IT TO THE U.S. DEPARTMENT OF VETERANS AFFAIRS OFFICE: US Department of Veterans Affairs, 810 Vermont Avenue NW, Washington DC, 20420.

To Administrator, Veterans Benefits and Services Division:

I hereby authorize you to furnish the Putnam County Personnel Department with the data requested in this document pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Examination Title: _____ Exam Number: _____

Veteran's Full Name:

FIRST NAME MIDDLE NAME LAST NAME

Present (Mailing) Address:

NUMBER AND STREET, APT # CITY OR TOWN, STATE ZIPCODE

Permanent Legal Address (if different than present address above):

NUMBER AND STREET, APT # CITY OR TOWN, STATE ZIPCODE

VETERAN'S SOCIAL SECURITY NUMBER V.A. CLAIM NUMBER SERVICE SERIAL NUMBER

VETERAN'S SIGNATURE DATE

PART B. TO BE COMPLETED BY VETERANS BENEFIT ADMINISTRATOR. PLEASE COMPLETE THIS PART OF THE FORM AND RETURN COMPLETED FORM TO: PUTNAM COUNTY PERSONNEL DEPARTMENT, 110 OLD ROUTE 6, BUILDING 3, CARMEL, NY 10512.

DATE V.A. CLAIM NUMBER REGIONAL V.A. OFFICE

Does the above-named veteran now have war-disability? Yes No

If "yes," please enter date disability was sustained:

Is this veteran receiving disability payments from the V.A. for such disability? Yes No

State percentage of such disability:

Describe such disability:

Date of last medical examination by a V.A. Medical Officer in connection with such disability:

If last medical examination was *less than one year ago*, do not answer the next two questions:

Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though the veteran has not been examined by a V.A. Medical Officer within the past one year? Yes No

Date of next scheduled medical examination by the V.A.

Remarks:

Signature of Adjudication Officer: _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is requested in accordance with Civil Service Law §85 for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. This information will be used in accordance with Personal Privacy Protection Law §96(1), particularly subdivisions (b), (e), and (f). Failure to provide this information may result in the disapproval of your application. The information will be maintained by Putnam County Personnel Department. For further information relating to the Personal Privacy Protection Law, call (518) 457-9375. If you have questions regarding this information and how it will be used or maintained, contact the Putnam County Personnel Department directly