



**AUTHORIZATION FOR RELEASE OF  
CERTIFICATE OF MILITARY DISCHARGE  
SDCL 33-17-14**

Information needed to locate records:

|   |   |
|---|---|
| 1. Name Veteran Used during Service (Last, First, Middle) | 2. Social Security Number or Service Number |
| 3. Date of Birth (Month/Day/Year)                         | 4. Place of Birth (City, State)             |
| 5. Dates of Service (Month/Day/Year to Month/Day/Year)    | 6. Branch of Service                        |

Information of Person To whom a Copy of Certificate of Discharge is to be sent or released:

|                               |                      |
|-------------------------------|----------------------|
| 7. Name (Last, First, Middle) | 8. Phone Number      |
| 9. Street Address or PO Box   | 10. City, State, Zip |

|   |                           |
|---|---------------------------|
| 11. Signature of Person Requesting Certificate or Discharge | 12. Date (Month/Day/Year) |
|---|---------------------------|

Requester is eligible to receive a copy of the military discharge certificate by virtue of being:

- The Veteran Named Above
- A County/Tribal Veterans' Service Officer
- The Department of Veterans Affairs
- The Veteran's Next of Kin: Relationship: \_\_\_\_\_
- The Veteran's Legal Representative (must submit a copy of court appointment)
- The Veteran's Designee