

Vet - 3

Name & Return Address

Revocation and Re-designation of Disclosure of Discharge Papers

Please print legibly or type information.

The undersigned veteran of the United States Armed Forces does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in _____ County under auditor's file number _____.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his/her discharge papers recorded in _____ County under auditor's file number (s) _____ / _____.

DESIGNEE:

_____ Last Name	_____ First Name	_____ MI
_____ Last Name	_____ First Name	_____ MI
_____ Last Name	_____ First Name	_____ MI
_____ Last Name	_____ First Name	_____ MI

Signature of Veteran

Date