

Military Document Request

Please Type or Print

Veteran Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Veteran ID Card No.: _____

Email: _____

I hereby request that USVCP provide me with:

DD Form 214

DD Form 256

DD Form 257

Other: _____

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I am aware that I have the right to inspect and receive a copy of my military documents that I have authorized to be used as proof of Honorable military for a Veteran ID Card. I understand that my request is free of charge. In addition, I understand that it is MANDATORY that I sign this Authorization in order to receive my military documents. I am aware that my documents will be emailed to the email account above. I also am aware that I may revoke this Authorization by notifying the disclosing agency (USVCP) records department in writing. However, I understand that my revocation will not be effective as to uses and/or disclosures: (1) already made in reliance upon this Authorization; or (2) needed for an insurer to contest a claim/policy as authorized by law if signing the Authorization was a condition to obtaining insurance coverage. I realize that the information used and/or disclosed pursuant to this Authorization may be subject to re-disclosure and no longer protected by federal privacy law.

VETERAN SIGNATURE: _____ Date: _____

Mail To:

U.S. Veteran Compensation Programs
P.O. Box 420128, Dept. MD
Houston, TX 77242-0128

Fax To: 713-510-1965