



RELEASE OF INFORMATION TO ACCREDITED REPRESENTATIVE

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 58538 (04-2018)

		Date
Name of Veteran	VA File Number	Social Security Number
Name of Claimant (if other than veteran)	Relationship to Veteran	
Name of Appointed Service Organization Recognized by the USDVA		

I have appointed the above named Service Organization as my accredited representative to present my claim for benefits from the United States Department Veterans Affairs (VA) based on the service of the above-named veteran.

The accredited representative named above is authorized to disclose information about my VA claim to the Veterans Service Office named below.

I also authorize the accredited representative named above to release to the Veterans Service Office named below information or access to records protected by 38 U.S.C. 7 related to the diagnosis, treatment, or other therapy for the condition(s) of drug abuse, infection with Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, which may be contained or maintained in the VA claimant's record.

Name of Veterans Service Office (not individual)			
Address	City	State	ZIP Code

Signature of Claimant	Date
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Your social security number is requested to enable the ND Department of Veterans Affairs to verify military service and identity pursuant to N.D.C.C. section 37-14-01.1. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will not be able to release information to the accredited representative.