

AUTHORIZATION TO ACCESS MILITARY DISCHARGE RECORD

I hereby authorize the Chesterfield Circuit Court Clerk's Office to permit access to my military discharge record to the following individual:

I authorize the aforementioned individual to obtain a copy and/or certified copy of my military discharge record, upon payment of the proper fee.

Information regarding military discharge record to which access shall be granted:

Full name of discharged service person: _____

Date of discharge: _____

Date discharge recorded (if known): _____

Signature: _____

Printed name: _____

Date: _____

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Commonwealth/State of: _____

City/County of: _____

Acknowledged, subscribed and sworn to before me on _____
by _____.

My Commission Expires: _____

Signature of Notary Public/Deputy Clerk
Printed Name: _____

**AUTHORIZATION FORM IS VALID FOR 30 DAYS FROM DATE OF EXECUTION.
FORM IS CONSIDERED INVALID IF NOT PROPERLY NOTARIZED/EXECUTED.**

Signature of receiving party: _____ Date: _____

Printed name: _____

Received by: _____ Date: _____

Deputy Clerk

Action taken: Photo ID reviewed and copied
Copy of discharge record provided
Copy request denied Reason: _____