



ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS
Request for and Consent to Release Information from Individual's Records

MAIL TO: Illinois Department of Veterans' Affairs
833 South Spring St., P.O. Box 19432
Springfield, IL 62794-9432

Name of Veteran: _____ Date of Birth: _____

Address of Veteran Including County: _____

Branch of Service: _____ Phone No.: _____

I, _____, hereby give consent for the Illinois Department of Veterans' Affairs to release the following information subject to any restrictions provided by state or federal law and rules:

Name and Address of Recipient of These Records if Different than the Veteran: _____

I understand that I may revoke this consent at any time by giving written notice to the Illinois Department of Veterans' Affairs, 833 South Spring St., P.O. Box 19432, Springfield, IL 62794-9432.

I understand and agree that an electronic copy or facsimile of this consent will be as valid as the original, even though such copy does not contain the original writing of my signature.

Signed: _____ Date: _____

Use Only if this Request is Being Submitted by Someone Other than the Identified Person:

Attached is a copy of a client order, guardianship document, or power of attorney document authorizing me to act on behalf of _____
(Name of Person)

Signed: _____ Date: _____

Relationship to Person: _____

Please note that the Department may charge fees reasonably calculated to reimburse its actual cost for reproducing and certifying public records and for the use, by any person, of the equipment of the public body to copy records. The fee for black and white, letter, or legal sized copies shall not exceed 15 cents per page. Mailing expenses may be charged at cost.