



Yates County Department of Civil Service  
 417 Liberty Street  
 Penn Yan, NY 14527

# AUTHORIZATION FOR VETERANS DISABILITY RECORD

**SECTION I: APPLICANT MUST COMPLETE SECTION I. (TYPE OR PRINT IN INK) FORWARD TO REGIONAL OFFICE OF VETERAN'S ADMINISTRATION WHERE DISABILITY CLAIM IS NOW ON FILE.**

I hereby authorize you to furnish the Yates County Personnel Office with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

**Veterans Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Number and Street) (City or Town) (State) (Zip Code)

**Veterans Administration Claim Number:** \_\_\_\_\_

**Service Serial Number:** \_\_\_\_\_

**Examination or eligible list for which preference is claimed:**

**Exam Number:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**SECTION II – TO BE FILLED OUT BY THE VETERANS ADMINISTRATION.**

1. Does the above veteran have a war incurred disability now in existence: YES  NO
2. Is he/she receiving disability payments from the V.A. for such disability: YES  NO
3. State percentage of war-incurred disability now in existence. \_\_\_\_\_ %
4. Description of such disability:

5. Date of last medical examination by the VA Medical Officer in connection with such disability: \_\_\_\_\_

**IF THE DATE IN ANSWER TO QUESTION 5 IS LESS THAN ONE YEAR AGO, DO NOT ANSWER THE FOLLOWING QUESTIONS:**

6. Does the VA state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a Medical Officer of the VA within one Year?  
 YES  NO
7. Date of next scheduled medical examination by the VA: \_\_\_\_\_
8. REMARKS:

**SIGNATURE**

<b>Name of Officer Completing this form:</b>		<b>Regional VA Office:</b>	
<b>Officers Signature:</b>		<b>Date:</b>	

