

# AUTHORIZATION FOR DISABILITY RECORD

## 1. TO BE COMPLETED BY VETERAN

Type or print in ink, and *send two copies of this form to the Department of Veterans Affairs* where your disability claim is on file. It is the applicants responsibility to verify that the Department of Human Resources has received this document prior to the establishment of the eligible list.

To Chief, Veterans Benefits and Services Division \_\_\_\_\_, **N.Y.**

I hereby authorize you to furnish the Orange County Department of Human Resources with the data requested in Section 2 below pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Print Full Name	V.A. Claim Number	Service Number
Address	Number and Title of Examination(s) for which credit is claimed	
Social Security Number		
Veteran's Signature		Date:

## 2. TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATOR

Please return original to the Orange County Department of Human Resources at address indicated below.

Date	V.A. Claim Number	Service Number
a.	Does the above-named veteran <b>now</b> have a service connected disability? If Yes, please enter date disability was sustained. (must have been incurred during a Time of War outlined on the Veteran Credit Application)	
		Date:
b.	State percentage of such disability <b>now</b> in existence. (must be to an extent of 10% or more)	%
c.	Remarks	

Signature of Adjudication Officer: \_\_\_\_\_

### PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested in accordance with section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. This information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (c), and (f). Failure to provide this information may result in the disapproval of your application. The information will be maintained by the Orange County Department of Human Resources. For further information relating to the Personal Privacy Protection Law, call (518) 457-9375. If you have a question regarding this information, you should contact the Orange County Department of Human Resources.

**ORANGE COUNTY DEPARTMENT OF HUMAN RESOURCES  
CIVIL SERVICE UNIT  
255 MAIN STREET  
GOSHEN, NY 10924**