Name & Return Address

_____

_____

_____

Request for Exemption
from Public Disclosure of
Discharge Papers

Please print legibly or type information.

VETERAN – I declare that I wish to exempt from public disclosure my discharge papers filed with the County Auditor under the reference number(s) listed below.

_____	_____	_____
Last Name	**First Name**	**MI**

_____

Signature of Veteran

In accordance with RCW 42.17.310, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002, and commingled with other records may be released only to the veteran, the veteran's next of kin, a deceased veteran's properly appointed personal representative or executor, a person holding the veteran's general power of attorney, **or individuals designated below**. Per RCW 42.17.310, next of kin is defined as widow or widower who has not remarried, son, daughter, father, mother, brother and sister.

DESIGNEE

_____	_____	_____
Last Name	**First Name**	**MI**
_____	_____	_____
Last Name	**First Name**	**MI**
_____	_____	_____
Last Name	**First Name**	**MI**

ID Checked

Yes _____

AUDITOR'S REFERENCE NUMBER(s)

_____ _____

_____ _____

This form used for discharge papers recorded prior to July 1, 2002 commingled with other records.