



Department of Human Resources and Civil Service Commission

County Office Building, 2nd Floor, 160 Genesee Street, Auburn, NY 13021

Website: www.cayugacounty.us/civilservice

Telephone: (315) 253-1284

VETERAN'S AUTHORIZATION FOR DISABILITY RECORD

INSTRUCTIONS TO VETERAN: Complete PART A and send this form to the Regional Office of the Veterans Administration where your disability claim is on file. The Regional Office will then complete PART B and return to the address above.

PART A (To be completed by Disabled Veteran)

EXAMINATION TITLE: EXAM NUMBER:

APPLICANT'S NAME: Last Name First Name M.I. SOC. SEC. NO.:

MAILING ADDRESS: Post Office Box or Street Address City State Zip Code

LEGAL RESIDENCE: Street Address City State Zip Code

V.A. CLAIM NUMBER: SERVICE SERIAL NUMBER:

I hereby authorize the Regional Office of the Veterans Administration to furnish the Cayuga County Civil Service Commission with the data requested in PART B below pertaining to my disability status. The Regional Office is released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

X Signature of Veteran Date Signed

PART B (To be completed by Regional Office of the Veterans Administration)

REGIONAL V.A. OFFICE: CLAIM NUMBER:

1. Does the above-named veteran now have a war-incurred disability? YES NO

If YES, please enter date disability was sustained: / /

2. Percentage of such disability now in existence: %

3. Describe the disability:

4. Date of last medical examination by V.A. Medical Officer in connection with such disability: / / (If less than one year ago, do not answer questions 5 and 6.)

5. Does the V.A. state affirmatively that a permanent stabilized condition of disability exists, even though claimant has not been examined by the V.A. Medical Officer within one year? YES NO

6. Date of next scheduled examination by the V.A.: / /

7. Additional remarks:

X Signature of Adjudication Officer Date Signed