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

Last Name    First Name    MI

AUDITOR’S REFERENCE NUMBER(s)

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

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

Form: VET 1 (Recording Fee - $7.00)
# Request for Disclosure of Discharge Papers

Please print legibly or type information.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 not commingled with other records and after July 1, 2002 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**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUDITOR’S REFERENCE NUMBER(s)**

<table>
<thead>
<tr>
<th>Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

This form used for discharge papers recorded prior to July 1, 2002 not commingled with other records and recorded after July 1, 2002.

**FORM:** VET 2 (Recording Fee – 0.00)
Request for Access / Copy of Exempt Discharge Papers

Please print legibly or type information.

VETERAN

Last Name __________________ First Name __________________ MI

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 identified with the County Auditor under the reference number(s) listed 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

I declare under penalty of perjury under the laws of the United States of America that I am eligible under RCW 42.17.310 to access and/or copy discharge papers of the veteran named above.

Signature __________________ Relation to Veteran __________________

AUDITOR’S REFERENCE NUMBER(s)

AFN Designating Access __________________

AFN Accessed Discharge Paper(s) __________________

FORM: VET 4 (Recording Fee - 0.00)
Revocation and Re-designation
Of Disclosure of
Discharge Papers

Please print legibly or type information.

The undersigned veteran of the United States Armed Forces does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in ______________________County under auditor’s file number _____________________________.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his / her discharge papers recorded in ______________________County under auditor’s file number(s) ______________________ / ______________________.

DESIGNEE:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Veteran ___________________________ Date

FORM: VET 3 (Recording Fee 0.00)