

VA Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send this form or requests for benefits to this address.**

_____ (Insert Name of State)	Unemployment Insurance Agency	NAME OF VETERAN (Type or print)	
	ADDRESS:	VA FILE NO. (Include prefix)	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VA Vocational Rehabilitation Counselor NAME:

ADDRESS:

PHONE:

FAX:

VETERAN'S REQUEST

I hereby request and authorize the (insert name of State) Unemployment Insurance Agency to release the following information from the records identified above to the organization, agency, or individual named hereon:

NAME

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

Instructions to State Unemployment Insurance Agency:

Please verify or complete the following information and return this form to the VA Counselor at the address or FAX number listed above.

- Date that the Veteran exhausted regular state unemployment compensation _____ (insert date)
- Veteran is currently receiving regular state unemployment compensation (UC). How many weeks of regular UC has the Veteran claimed for the current benefit year to date, as of _____ ? _____ (VA should insert today's date) (insert number of weeks claimed)
- Comments:

Name, Signature, Title of individual completing form

Date

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

Solely, to help VA determine eligibility for VA Vocational Rehabilitation and Employment benefits under the Vow to Hire Heroes Act, Public Law 112-56, Section 233.

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA)

DATE