



VETERAN'S DISABILITY RECORDS RELEASE

St. Lawrence County Civil Service Commission

48 Court Street, Canton, New York 13617
PHONE: 315-379-2210 FAX: 315-379-2388

Instructions: To claim Disabled Wartime Veteran's Credits you must submit this form to a Veteran Affairs office (see addresses below in Part 2). You must also file a Application for Veteran's Credits form with the St. Lawrence County Civil Service Commission no later than sixty (60) days after the last filing date.

The information on this form is requested in accordance with Section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled wartime veteran and processing your application for additional credit. Failure to provide this information may result in the disapproval of your credits.

Part 1 TO BE COMPLETED BY VETERAN:

Full Name:	V.A. Claim Number:
Address:	Number and Title of Examination(s) for which credit is claimed:
Social Security Number:	
I hereby authorize you to furnish the St. Lawrence County Civil Service Commission 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.	
Veteran's Signature:	Date:

Part 2 TO BE COMPLETED BY A VETERANS BENEFITS ADMINISTRATOR:

Please return original to the St. Lawrence County Civil Service Commission at address above.

<input type="checkbox"/> Albany VAMC VA Benefit Office 113 Holland Avenue, Rm. C308 Albany, NY 12208 518-626-5692	<input type="checkbox"/> Albany County Veterans Service Bureau 162 Washington Ave., 7th Fl. Albany, NY 12210 518-447-7710	<input type="checkbox"/> Other:
A.	Does the above-named veteran now have a disability incurred during one of the following "Time of War" periods? WWII 12/7/1941 to 12/31/1946 Lebanon 6/1/1983 to 12/1/1987 Korea 6/27/1950 to 1/31/1955 Grenada 10/23/1983 to 11/21/1983 Viet Nam 2/28/1961 to 5/7/1975 Panama 12/20/1989 to 1/31/1990 Persian Gulf 8/2/1990 to present	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Is this veteran's service connected disability rated at 10% or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Date of VA Disability Determination: _____	(mm/dd/yyyy)
D.	Does your agency state affirmatively that a PERMANENT STABILIZED condition of disability exists to an extent of 10% or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	If the answer to question D. is "NO," has the veteran received a medical examination by a VA Medical Officer in connection with such disability within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	Remarks:	
Signature of Accredited Service Officer or VA Benefits Representative:		Date: