

**CONSENT FOR RELEASE OF INFORMATION
IN MILITARY DISCHARGE RECORDS**

(per Section 35-3-13 of the Mississippi Code of 1972 as amended in 2002)

I, _____

- () the veteran listed
- () the veteran's dependent
- () the veteran's authorized representative

hereby authorize the following person(s):

_____	my	_____
		<i>(relationship)</i>
_____	my	_____
		<i>(relationship)</i>
_____	my	_____
		<i>(relationship)</i>
_____	my	_____
		<i>(relationship)</i>
_____	my	_____
		<i>(relationship)</i>

access to my military discharge records filed in the office of the Chancery Clerk of Harrison County in Discharge Record Book _____ at Page(s) _____ for the purpose of viewing or copying said records.

Only the individuals listed above are authorized to view or copy these records.

Witness my signature this the _____ day of _____, 20_____

(circle one: veteran, dependent, or authorized representative)

* *This form must be signed in front of a notary public*

STATE OF MISSISSIPPI

COUNTY OF HARRISON

Subscribed and sworn before me this the _____ day of _____, 20_____.

_____, Notary Public

My commission expires: _____