

Schuyler County Civil Service 105 Ninth Street, Unit 21 Watkins Glen, NY 14891 607-535-8190	<h2>DISABILITY RECORD AUTHORIZATION</h2>
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**SECTION 1: TO BE COMPLETED BY VETERAN**

Type or print in ink, and send two copies of this form to the Department of Veterans Affairs where your disability claim is on file.

Print Full Name	V.A. Claim No.	Service Number
Social Security Number	Number and Title of Examination(s) for which credit is claimed	
Address		

To Chief, Veteran's Benefits and Services Division \_\_\_\_\_, NY

I hereby authorize you to furnish the Schuyler County Civil Service office 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 \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATOR**

Please return original to the Schuyler County Civil Service Office.

Date	Claim No.	Regional V.A. Office
a.	Does the above-name veteran now have a war-incurred disability? If Yes, please enter date disability was sustained. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
b.	Is this veteran receiving disability payments from the V.A. for such disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	State percentage of such disability now in existence.	%
d.	Date of last medical examination by the V.A. Medical Officer in connection with such disability. (If less than one year ago, do not answer e. and f.) Date:	
e.	Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though the veteran has not been examined by V.A. Medical Officer within one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Date of next scheduled examination by the V.A. Date:	
g.	Remarks	

Signature of Adjudication Officer: \_\_\_\_\_

Printed Name of Adjudication Officer: \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

The information which you are providing on this application is being requested in accordance with section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. This information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in the disapproval of your application. The information will be maintained by the Municipal Personnel Officer administering the examination. For further information relating to the Personal Privacy Protection Law, call (518) 457-9375. If you have a question regarding this information, you should contact the Municipal Personnel Officer administering this examination.