

**AUTHORIZATION TO ACCESS MILITARY DISCHARGE RECORD**

I hereby authorize the Prince William Circuit Court Clerk’s Office to permit access to my military discharge record to the following individual:

\_\_\_\_\_

I authorize the aforementioned individual to obtain a copy and/or certified copy of my military discharge record, upon payment of the proper fee.

Information regarding military discharge record to which access shall be granted:

Full name of discharged service person: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Date discharge recorded (if known): \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

.....

Commonwealth/State of: \_\_\_\_\_

City/County of: \_\_\_\_\_

Acknowledged, subscribed and sworn to before me on \_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary Public/Deputy Clerk

Printed Name: \_\_\_\_\_

**AUTHORIZATION FORM IS VALID FOR 30 DAYS FROM DATE OF EXECUTION.  
FORM IS CONSIDERED INVALID IF NOT PROPERLY NOTARIZED/EXECUTED.**

Signature of receiving party: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Clerk

Action taken:    Photo ID reviewed and copied  
                      Copy of discharge record provided  
                      Copy request denied                    Reason: \_\_\_\_\_