DISABILITY RECORD AUTHORIZATION

Name and address of Civil Service Agency	City of Watertown, Civil Service Commission 245 Washington Street, Room 201B Watertown, NY 13601

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.

   To Chief, Veterans Benefits and Services Division _____ **, N.Y.**

   I hereby authorize you to furnish the above Civil Service Agency 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.

Print Full Name	V.A. Claim Number	Service Number
Address	Number and Title of Examination(s) for which credit is claimed	
Social Security Number		
Veteran's Signature	Date:	

2. **TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATOR**
   Please return original to the Civil Service Agency at address indicated at top of form.

Date	Claim Number	Regional V.A. Office

a.	Does the above-named veteran now have a war-incurred disability? If Yes, please enter date disability was sustained. Date:	☐ Yes ☐ No
b.	Is this veteran receiving disability payments from the V.A. for such disability?	☐ Yes ☐ 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?	☐ Yes ☐ No
f.	Date of next scheduled medical examination by the V.A. Date:	
g.	Remarks	

Signature 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 Civil Service Commission or 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 Civil Service Commission/Personnel Officer administering this examination.