

Name & Return Address

**Revocation and Re-designation
Of Disclosure of
Discharge Papers**

Please print legibly or type information.

The undersigned veteran of the United States Armed Forces, does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in _____ County under auditor's file number _____.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his / her discharge papers recorded in _____ County under auditor's file number(s) _____ / _____.

DESIGINEE

_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Last Name	First Name	MI	
_____			_____
Signature of Veteran			Date