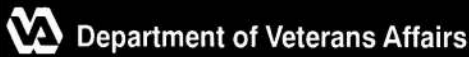


A large, empty rectangular box with a black border, occupying the central portion of the page. It is intended for the respondent to provide their answer to the question on the reverse side of the form.



REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of Information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send** this form or requests for benefits to this address.

TO	Department of Veterans Affairs	NAME OF INDIVIDUAL <i>(Type or print)</i> Joe J. Schmoe	
		VA FILE NO. <i>(Include prefix)</i> <i>(You should be able to find this on your VA documents. If not, just contact your VA office.)</i>	SOCIAL SECURITY NUMBER 999-99-9999

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

The Physical Disability Board of Review
 SAF/MRBR
 550 C Street West, Suite 41
 Randolph AFB, TX 78150-4743

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: ▶	NAME The PDBR
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INFORMATION REQUESTED *(Number each item requested and give the dates or approximate dates - period from and to - covered by each.)*

1. All VA medical records between (date of your first VA exam) and (the date exactly 1 year from your date of separation) that provide evidence of the (list conditions the PDBR will be reviewing).
2. My original VA Rating Decision dated (include the exact date of your first ever VA Rating Decision)
3. (Here, list all other later VA Rating Decisions that are relevant to your conditions. Don't list anything more than 2 years after separation, however, unless it provides extremely good evidence that it was a serious condition around the time of your separation.)
4. (Here, list all other VA documents that show good evidence of your conditions the PDBR will be reviewing.)

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

Review of DoD Disability rating decision, and to update all ratings to the VASRD rating system.

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL <i>(Attach authority to sign, e.g., POA)</i> Joe Schmoe	DATE 20110624
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