

## DISABILITY RECORD AUTHORIZATION

Name and address of Civil Service Agency:	Suffolk County Department of Civil Service P.O. Box 6100 Hauppauge, NY 11788-0099
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**1. TO BE COMPLETED BY VETERAN**

Type or print in ink, and send a copy 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	VA. 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 VA Office:
A.	Date of V.A. disability determination	Date:
B.	Percentage of disability now in existence	_____ %
C.	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 D.)	Date:
D.	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 a V.A. Medical Officer within one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E.	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), (c), 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.

(Updated 3/14/24)