

Return name and address:

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

Please print legibly or type information.

VETERAN:

_____	_____	_____
Last Name	First Name	MI

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(s) _____.

Further, in accordance with RCW 42.56.440, the undersigned designates the individuals listed below to access his / her discharge papers recorded in _____ County under Auditor's file number(s) _____.

DESIGNEE:

_____	_____	_____
Last Name	First Name	MI

_____	_____	_____
Last Name	First Name	MI

_____	_____	_____
Last Name	First Name	MI

_____	_____
Signature of Veteran	Date

No charge for recording.