



## VIRGINIA DEPARTMENT OF VETERANS SERVICES

### AUTHORIZAION TO REVIEW RECORDS IN ORDER TO DETERMINE ELIGIBILITY FOR BENEFITS THROUGH THE VIRGINIA MILITARY SURVIVORS AND DEPENDENTS PROGRAM (VMSDEP)

**Please complete and upload this form to your myVMSDEP account.**

**PURPOSE:** This form serves as notification and authorization that VDVS may access your U.S. Department of Veterans Affairs (VA) records in order to determine your dependent's eligibility for the Virginia Military Survivors and Dependents Education Program (VMSDEP). Your acknowledgment, as endorsed by your signature below, is required for VDVS to process your dependent's application.

<b>Dependent's Name</b>	Dependent's Last Name	Dependent's First Name/MI	
<b>Veteran's Name</b>	Veteran's Last Name	Veteran's First Name/MI	
<b>Last 4 of SSN</b>		<b>DOB</b>	
<b>Veteran's Phone Number</b>			
<b>Veteran's Email Address</b>			

**SIGNER'S ACKNOWLEDGMENT:** I HEREBY AUTHORIZE VDVS to review my VA records which contain information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment in order to determine my dependent's eligibility for VMSDEP. I understand that if my VA records are used to determine my dependent's eligibility for VMSDEP, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a. VDVS may only disclose this information as authorized by law. I understand that although VDVS may access my VA records, I will be responsible for providing all information, as identified by VDVS, to fully evaluate my dependent's request for VMSDEP eligibility determination. I also understand that I may revoke this authorization in writing; and to revoke, I must send a written statement to VDVS that I no longer wish to utilize my VA records for VMSDEP eligibility determination; upon which, VDVS would not be able to process my dependent's application for VMSDEP benefits.

This acknowledgment endorses the use of my VA records to determine VMSDEP eligibility for following dependent(s):

Last Name:	First Name:	Date of Birth:

**Veteran's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTACT INFORMATION:**

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