Form Approved: OMB No. 2900-0028
Respondent Burden: 7.5 minutes

Department of Veterans Affairs

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 reocrds 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** Regional Office _____City, _____State, _____Zip Code	NAME OF INDIVIDUAL *(Type or print)*	
		VA FILE NO. *(Include prefix)*	SOCIAL SECURITY NUMBER

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

SAF/MRBR Attn: PDBR Intake Unit, 550 C Street West, Suite 41, Randolph AFB TX 78150-4743
Department of Defense (DoD) Physical Disability Review Board (PDRB)

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: DoD PDRB

INFORMATION REQUESTED *(Number each item requested and give the dates or approximate dates - period from and to - covered by each.)*

I understand that the information to be released in item 1 and 2 below may include information regarding each following condition: ____Drug Abuse ____Alcoholism or Alcohol Abuse ____Testing for or infection with Human immunodeficiency Virus (HIV) ____Sickle Cell Anemia.

1. Rating decision dated _____(month)_____(date)_____(year).
2. All the specified items of information identified in the rating decision under the EVIDENCE heading.

REVOCATION STATEMENT: I understand that this consent is subject to revocation at anytime except to the extent that the facility, which is to make the disclosure has already acted in reliance on it. This consent will expire on December 31, 2009, if not acted upon or revoked by that time. A revocation must be sent to the VA Regional Office listed above.

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

To comply with the Department of Defense Instruction Number 6040.44, June 27, 2008, Lead Component for the Physical Disability Board of Review regarding permitting a comparison of Department of Veterans Affairs (VA) disability rating with service department's Physical Evaluation Board combined disability rating.

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

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL *(Attach authority to sign, e.g., POA)*	DATE