



## SAN XAVIER ALLOTTEES ASSOCIATION, INC.

325 East Vamori Street, Tucson, Arizona 85756

Office: 520.807.2121 Fax: 520.807.2626 Website [www.sanxavierallottees.org](http://www.sanxavierallottees.org)

### AUTHORIZATION FOR RELEASE OF INFORMATION San Xavier Allottees Association, Inc. – SXAA Veteran Services

I \_\_\_\_\_, authorize **San Xavier Allottees Association, Inc. (SXAA)** – Veteran Services to obtain, use, and release my personal information solely for the purpose of assisting me with referrals, benefits, services, and advocacy related to Veteran Services and related support programs. This authorization shall expire on: \_\_\_\_\_, or one (1) year from the date of signature, unless revoked earlier in writing.

- Documents to be released:**  DD214     VA Award Letter     VA Medical Records (limited)
- Benefits Application Forms     Identification Documents     Burial Benefit Documentation
- Other: \_\_\_\_\_

### THIS INFORMATION IS TO BE RELEASED TO THE FOLLOWING NAME OR AGENCY LISTED BELOW:

Requesting agency, name, title: \_\_\_\_\_

The receiving party agrees to use this information solely for the purpose stated above and to maintain confidentiality in accordance with applicable laws and regulations.

I understand that I may revoke this authorization at any time by submitting a written request to SXAA, except to the extent that action has already been taken in reliance on this authorization. Thank you for your assistance.

I understand that signing this authorization is voluntary and that I may refuse to sign without affecting my ability to receive general services from SXAA.

I understand that information released under this authorization may no longer be protected by federal privacy laws once disclosed to the receiving agency.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Member : \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**35** YEARS OF SERVICE  
SAN XAVIER  
ALLOTTEES  
ASSOCIATION INC.  
EST.1991

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Printed Name & Title: \_\_\_\_\_