Name	&	Return	Address

Request for Exemption from Public Disclosure of Discharge Papers

Please print legibly in	n black ink or type in	iformation.			
VETERAN - I declare that I wi filed with the County Auditor unde					
Last Name	First Name	MI			
Signature of Veteran					
In accordance with RCW 42.17.310, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002, and commingled with other records may be released only to the veteran, the veteran's next of kin, a deceased veteran's properly appointed personal representative or executor, a person holding the veteran's general power of attorney, or individuals designated below. Per RCW 42.17.310, next of kin is defined as widow or widower who has not remarried, son, daughter, father, mother, brother and sister.					
DESIGNEE:					
Last Name	First Name	MI			
Last Name	First Name	MI			
Last Name	First Name	MI			
AUDITOR'S REFERENCE NUM	MBER (s) 				
This form is used for discharge pa	apers recorded prior to July 1, with other records. T 1 (Recording Fee - \$7.00)	_			