

Name & Return Address

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\_\_\_\_\_  
\_\_\_\_\_

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

Please print legibly in black ink or type information.

The undersigned veteran of the United States Armed Forces does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in Chelan County under auditor's file number \_\_\_\_\_.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his / her discharge papers recorded in Chelan County under auditor's file number(s) \_\_\_\_\_  
/ \_\_\_\_\_.

**DESIGNEE:**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Signature of Veteran Date