

Name & Return Address

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

Please print legibly 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 _____ County under auditor's file number _____.

Further, in accordance with RCW 42.56.440, the undersigned designates the individuals listed below to access his / her discharge papers recorded in _____ 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

(Recording Fee – 0.00)