

Authorization for Release of Veteran Health Records

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], am a veteran of the United States Armed Forces, with a Social Security Number of [Your SSN]. I am writing this letter to authorize the release of my health records.

I hereby authorize [Name of the Healthcare Provider or Organization] to release my complete health records, including any and all medical history, treatment, and related information, to [Recipient's Name or Organization].

This authorization is valid until [Specify an Expiration Date or State "Until Further Notice"].

Please find my contact information below:

Phone Number: [Your Phone Number]

Email Address: [Your Email Address]

Address: [Your Address]

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]