

**“VA HAS REQUESTED THAT VC-3 FORMS BE
SUBMITTED TO THEM IN DUPLICATE”**

**Veteran, please refer to: FORM VC-3
Initials of Sender:**

<p>INSTRUCTIONS Applicant must complete Section I. (Type or write with ink.) Forward to Regional Office of Veterans Administration 111 West Huron Street Buffalo, NY 14202</p>	<p>BROOME COUNTY DEPARTMENT OF PERSONNEL PO Box 1766, Government Plaza Binghamton, NY 13902</p> <p>AUTHORIZATION FOR DISABILITY RECORD</p>	<p>Veterans Administration retain one copy and forward duplicate to the Broome County Department of Personnel</p>
--	---	---

SECTION I

Date: _____

To: Manager, Veterans Administration _____ New York

I hereby authorize you to furnish the Municipal Civil Service commission named above, with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature: _____

Print Full Name: _____
First Middle Last

Address: _____
Street City State / Zip Code

Veterans Administration Claim No: _____

Service Serial No: _____

Examination or eligible list for which preference is claimed:

Title: _____ No: _____

Title: _____ No: _____

Title: _____ No: _____

SECTION II - TO BE FILLED OUT BY THE VETERANS ADMINISTRATION

Date: _____

Veterans Administration Claim No: _____

1. Does the above veteran have a war-incurred disability now in existence? Yes () No ()

2. Is the veteran receiving disability payments from the V.A. for such disability? Yes () No ()

3. State percentage of war-incurred disability now in existence _____

4. Description of such disability _____

5. Date of last medical examination by the V.A. Medical Officer in connection with such disability _____

If the date in answer to Question 5 is less than one year ago, do not answer the following questions:

6. Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a medical officer of the V.A. within one year? Yes () No ()

7. Date of next scheduled medical examination by the V.A. _____

8. REMARKS: _____

Adjudication Officer Signature

Regional V.A. Office