

**DISTRICT COURT CONSENT AND AUTHORIZATION
TO RELEASE AND RECEIVE INFORMATION REGARDING
SERVICE IN THE UNITED STATES ARMED FORCES STATUS**

I, _____
(Name, including maiden name)

_____, _____
(Social Security Number) (Date of Birth)

hereby consent to and authorize the disclosure and use of information regarding my service in a combat zone in the United States armed forces K.S.A. 2015 Supp. 21-6630 by:

The Kansas Commission on Veterans Affairs Office
700 SW Jackson, Suite 1004
Topeka, KS 66603
Fax: (785) 296-1458

2. Name, address, and telephone and fax numbers of court authorized to *receive and use* the information:

3. The information to be released is for:

Certification of my service in the armed forces of the United States of America in a combat zone as defined in section 112 of the federal Internal Revenue Code of 1986.

4. This information will be used for:

- Determining that I meet the criteria established by K.S.A. 2015 Supp. 21-6630 for treatment at any treatment facility or program operated by the United States Department of Defense, the federal Veterans' Administration, or the Kansas National Guard and, if applicable;
- The presentence investigation;
- Probation case supervision; or
- Other purposes related to the case.

5. I understand that, once the uses and disclosures have been made pursuant to this consent and authorization, the information released will no longer be protected by federal privacy laws and will become part of the court record. Information received through this consent may be disclosed to the court assigned to the case, court employees, and the attorneys assigned to the case as necessary for the court's hearing of the case.

This consent and authorization has been executed with my full knowledge and understanding of its contents. I agree to the uses and disclosures listed above and understand that I will receive a copy of this signed consent and authorization.

Signature

Date

Signature of Personal Representative (if applicable)

Authority