



The Veterans Consortium

DISCHARGE UPGRADE PROGRAMSM

Power of Attorney for Obtaining Records The Veterans Consortium

I wish to be represented by a lawyer before the Discharge Review Board and/or Boards of Correction of Military Records through The Veterans Consortium's Discharge Upgrade ProgramSM ("Program"). I understand that to find out if I qualify for a pro bono (free) representative under the Program, my case must first be evaluated. I agree to be represented by the Program for the limited purpose of evaluating my case. I understand that I will not be charged a fee and I can withdraw from the Program in writing at any time.

CONSENT TO RELEASE OF INFORMATION

I give my consent to the National Personnel Records Center (Military Personnel Records), St. Louis, Missouri; to the Department of Defense (DoD); the Department of Veterans Affairs (VA); and the Social Security Administration (SSA); or any other public or private custodian (including, but not limited to, hospitals, clinics, and current and former treating physicians) that possess or control my military, veteran, medical, psychiatric, drug or alcohol treatment, or other records and files, to release to my attorneys, or to any person designated by my attorneys, all records contained in those files. **I hereby authorize the VA, DoD, and aforementioned entities to provide a copy of my records to the undersigned attorney.**

PRIVACY ACT WAIVER

If these records include information (protected under 38 U.S.C. §7332) regarding drug abuse, infection with human immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. § 522a(b), and under any other federal or state law or regulation which controls access to my records.

ACKNOWLEDGEMENT OF ENGAGEMENT AND RELEASE OF INFORMATION

I hereby acknowledge that I have read the above information, and agree to engage Danica Gonzalves, Esq., and consent to the release of information as noted above.

Print Name

Signature

Date

Attorney Name

Attorney Signature

Date