



REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

NOTE: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosures as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR under any other provision of law... The information requested is approved under OMB Control Number 2900-0025 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection of information is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4, 810 Vermont Avenue, NW, Washington, DC 20420. **SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.**

RECEIVED
VARO PORTLAND, OR

TO	Department of Veterans Affairs	NAME OF VETERAN (Type or print) WALLACE B. TRUSLOW	
	MAIL OPERATING CENTER	VA FILE NO. (Include prefix)	SOCIAL SECURITY NO. 557-20-5514

NAME AND ADDRESS OF ORGANIZATION AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

WALLACE B. TRUSLOW 3153 WINSLOW WY. N.W.
SALEM, OREGON 97304

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: NAME
WALLACE B. TRUSLOW

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

I request and authorize the Department of Veterans Affairs to release the information specified below to the organization or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

() DRUG ABUSE () ALCOHOLISM OR ALCOHOL ABUSE () SICKLE CELL ANEMIA
() TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY (HIV)

Request copy of discharge papers

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

*(multi, Infant dementia)
Wallace is terminal and requested burial at Willamette National Cemetery, Portland, Oregon. They told me, Lorraine M. Truslow, wife, the discharge paper is required and I can't locate the original. Thanks*

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE AND ADDRESS OF CLAIMANT, OR FIDUCIARY, IF CLAIMANT IS INCOMPETENT
X Lorraine M. Truslow (wife)

DATE *6/9/99*
6-9-99



DEPARTMENT OF VETERANS AFFAIRS
Regional Office
1220 SW Third Avenue
Portland OR 97204

July 27,1999

348/217FOIA
C-5-262-806
TRUSLOW

MS LORAIN TRUSLOW
3153 WINSLOW WAY NW
SALEM, OR 97304

Dear MS TRUSLOW:

This letter is in response to your recent request under the Privacy Act.

Enclosed is a copy of the information you requested. The original documents are contained in the veteran's claims file. If the veteran wishes to reopen the claim, new and material evidence must be submitted. **Resubmission of these duplicate copies does not warrant reopening your claim.**

Sincerely,

T. T. Furukawa
T. T. FURUKAWA
Veterans Service Center Manager

Enclosures

217/FOIA JMS