

DISABLED VETERANS

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING DISABLED VETERANS CREDITS

Veterans Administration Claim Number: _____

Have you previously used Disabled Veterans Credits for permanent appointment or promotion in New York State, or one of its civil divisions? Yes No

If you answered "Yes" to the above question, give title and date of the examination:

Examination Title: _____ Exam Date: _____

To establish your eligibility for Disabled Veterans Credits, you must authorize release of your disability record from the Veterans Administration to the Putnam County Personnel Department by submitting a *Disability Record Authorization (MSD 390)* form to the appropriate office.

Date of submittal of the *Disability Record Authorization (MSD 390)* form: _____

Please attach copy of submitted *Disability Record Authorization (MSD 390)* form.

TO BE SWORN TO BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of New York |
| ss:
County of Putnam |

I hereby certify that the foregoing statements are full and true to the best of my knowledge and belief.

Date _____ Applicant's Signature _____

Sworn to before me this _____ day of _____, 20_____

Notary Public or Commissioner of Deeds