

Affidavit to View or Copy Military Discharge Records

(A)

Identifying Information of Person Desiring to View or Copy Records

Name:	
Address:	
City:	
Zip Code:	
¹ Driver's License/Social Security Number:	

(B)

Identifying Information of Person Whose Military Discharge Records are on File in Clerk's Office

Name:	
Date of Birth:	
Social Security Number:	
Approximate Date of Discharge from Military Services:	

I, the party named in Section (A) above, hereby certify to the Clerk of Superior Court of Athens-Clarke County, that I am (check appropriate box):

- The person who is the subject of the record
- The spouse or next of kin of the person who is the subject of the record
- A person named in an appropriate power of attorney executed by the person who is the subject of the record
- The administrator, executor, guardian, or legal representative of the person who is the subject of the record; or
- An attorney for any person specified in subparagraphs (A) through (D) of this paragraph.

I understand the following, as provided in O.C.G.A. §15-6-72 of the Official Code of Georgia Annotated:

- Records I obtain pursuant to this request shall not be reproduced or used in whole or in part for any commercial or speculative purposes.
- I am prohibited by law from disseminating or disclosing military discharge information or any part thereof except as authorized in O.C.G.A. §15-6-72 or as otherwise provided by law.
- Violation of this subsection shall constitute a misdemeanor and shall be punished by a fine not to exceed \$5,000.00.
- The clerk of the superior court shall not be liable and shall be held harmless should I copy, reproduce, or use records I view or receive copies of in violation of O.C.G.A. §15-6-72.

Under the penalty of law, I, the person named in Section (A) above, certify that the above and foregoing information is true and correct.

Signature of Person Making this Request

¹ Required information that must be verified by Clerk or Deputy Clerk.