

VSO Request for Training

1. Last Name, First Name, and Middle Initial of Accredited VSO

2. Social Security Number

3. Service Organization Affiliation

4. Are you a paid employee of the organization? Yes ___ No ___

5. Last Name, First Name, and Middle Initial of supervisor

6. Are you a Veteran? Yes ___ No ___

7. Do you have any relatives (spouse , child, parent, sibling) who are veterans or who have applied for or are receiving benefits as a veteran's dependent? Yes ___ No ___

If yes, please provide the following information:

- Name: _____
- Relationship: _____
- Claim Number/ Social Security Number: _____
- Type of Benefit: _____

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8. Were you ever an employee of the Department of Veterans Affairs or any other entity under its jurisdiction? Yes ___ No ___

If yes, please provide the following information:

- Name of Agency: _____
- Date Last worked: _____
- Position at time of leaving the Agency: _____

It is understood that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered to a claimant; that neither will publish nor divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for withdrawal of access.

Privacy Act Information: In order to maintain the privacy of veterans records, only those employees with the need to view electronic information will be permitted access to VA systems. The requesting official affirms that the accredited VSO named below has such a need.

Signature of VSO: _____

Date: _____

E-mail address: _____

Signature of Supervisor: _____

Date: _____