

Town of Colonie  
Civil Service Department  
534 New Loudon Road  
Latham, New York 12110  
[www.colonie.org/civilservice](http://www.colonie.org/civilservice) Tele (518)783-2721

**VETERAN'S AUTHORIZATION FOR DISABILITY RECORD**

Instructions to Veteran: Complete PART A and send this form to the U.S. Department of Veterans Affairs where your disability claim is on file. That office will then complete PART B and return to the address above.

---

**PART A** *(To be completed by Disabled Veteran)*

**Examination Title:** \_\_\_\_\_ **Exam Number:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Soc Sec No:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address or PO Box City State Zip

**Legal Residence:** \_\_\_\_\_  
Street Address or PO Box City State Zip

**V.A. Claim Number:** \_\_\_\_\_ **Service Serial Number:** \_\_\_\_\_

I hereby authorize the Department of Veterans Affairs to furnish the Town of Colonie with the data requested in **PART B** below pertaining to my disability status. The office is released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

X \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
**Signature of Veteran**

---

**PART B** *(To be completed by the U.S. Department of Veterans Affairs)*

Dept of Veterans Affairs Office: \_\_\_\_\_ Claim Number: \_\_\_\_\_

1. Does the above-named veteran now have a war-incurred disability? \_\_ Yes \_\_ No

If yes, please enter date disability was sustained: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Percentage of such disability now in existence: \_\_\_\_\_%

3. Describe the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of last medical examination by Medical Officer in connection with such disability: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If less than one year ago, **do not** answer questions 5 and 6.)

5. Does the Department of Veterans Affairs state affirmatively that a permanent stabilized condition of disability exists, even though claimant has not been examined by the Dept of Veterans Affairs Medical Officer within one year? \_\_ Yes \_\_ No

6. Date of next scheduled examination by the Dept of Veterans Affairs: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Additional remarks: \_\_\_\_\_

x \_\_\_\_\_ **Date signed** \_\_\_\_\_  
**Signature of Adjudication Officer**

## INSTRUCTIONS TO VETERANS

**All Veterans:** Answer all questions on the "Application for Veteran's Credits". Attach documentary proof of your eligibility, and return to the Town of Colonie Civil Service Department, 534 New Loudon Road, Latham, NY 12110 **on or before the date of the examination.**

**Disabled Veterans:** In addition, you must complete the "Veteran's Authorization for Disability Record" and **immediately** forward it to the U.S. Dept of Veterans Affairs Office. You may download this form at [www.colonie.org.civilservice](http://www.colonie.org.civilservice) or call our office at 783-2721.

According to Civil Service Law, additional credits in examinations may be granted to successful candidates who have claimed and established status as a non-disabled or disabled veteran.

These additional credits are granted on the following basis:

	<u>Open-Competitive Examinations</u>	<u>Promotional Examinations</u>
Non-Disabled	5	2.5
Disabled	10	5

These additional credits, which are added to the final passing score on the examination, may only be granted at the time of the establishment of the eligible list. Candidates who claim credit, but who fail to submit adequate proof of eligibility for such credit by the time the eligible list is established, cannot later be granted credit on such eligible list.

### Eligibility Requirements:

1. You must be a citizen of the United States.
2. You must have been honorably discharged or released under honorable circumstances from such service.
3. You must have served in the United States Armed Forces during any of the following periods:

December 7, 1941 – December 31, 1946  
 June 27, 1950 – January 31, 1955  
 February 28, 1961 – May 7, 1975  
 Persian Gulf: August 2, 1990 to the end of such hostilities (not yet determined)  
 Lebanon: \*June 1, 1983 – December 1, 1987  
 Grenada: \*October 23, 1983 – Nov 21, 1983  
 Panama: \*December 20, 1989-Jan 31, 1980

\*Limited ONLY to those who received Armed Forces, Navy, or Marine Corps expeditionary medal.

#### US Public Health Service:

July 29, 1945 – December 31, 1946  
 June 27, 1950 – July 3, 1952

**\*Special Note to active duty members of the Armed Forces** – beginning January 1, 1998, the NYS Constitution allows members of the US Armed Forces who are on active duty, the right to request extra War Time Veterans Credits on civil service examinations. You must request this credit on the examination application in the appropriate space.

If you have any questions concerning procedures regarding your claim, please write or phone this office. Include the number and title of the examination in any letters of inquiry.

### ACCEPTABLE DOCUMENTARY PROOF:

Report of Military Separation:

(Requirements for 2 and 3):

Report of Separation and Honorable Discharge and/or Certificate of Service. (acceptable military forms):  
 NAVPERS-553  
 NAVMC-78PD  
 WDAGO-53,55  
 WDAGO-53,98  
 DD214

If your name is different from that shown on your Report of Separation and Honorable Discharge and/or Certificate of Service, include a marriage Certificate or other legal document to verify the change.

