

STAFFING SERVICES DIVISION

Disability Record Authorization

S-7 (4/2015 L)

NEW YORK STATE OF OPPORTUNITY.	Department of Civil Service	
Δ	Albany NY 12239	

	Albany, 141 12233		
Name and address of l	New York State Agency:		
Print Employee's Nam	e:		
	s, you have claimed status as a dis our Regional Office, U.S. Departm		Please complete Section 1 below or completion of Section 2.
SECTION 1	TO BE COMPL	ETED BY VETERAN	
1. VA Claim Number:	Dates of Active Service: From:	То:	3. Service Number:
4. Address of U.S. Depa	artment of Veterans' Affairs where you	r disability claim is maintaine	ed:
pertaining to my disability s		of Veterans' Affairs from all	with the data requested in Section 2 belo liability in complying with this request. I
Employee	e's Signature	Date	Social Security Number
examination(s) for which Personal Privacy Protection in disapproval of above. For future information in SECTION 2 TO BE Please results of the process of th	h they have applied. This inform ction Law, particularly subdivision the application. This information mation, relating only to the Person COMPLETED BY THE U.S. Iturn original to the New York OT RETURN THIS FORM TO	ation will be used in accords (b), (e), and (f). Failure will be maintained by the mal Privacy Protection Laborated by the mal Privacy Protection Laborated by the control of the control	TERANS' AFFAIRS address listed above.
1. ☐ Yes ☐ No	Does the above named Veteran hav "Time of War" periods? In the Armed Forces : (WWII) 12/7/41 to 12/31/46 (Korea) 6/27/50 to 1/31/55 (Viet Nam) 2/28/61 to 5/7/2 (Lebanon) 6/1/83 to 12/1/82 (Grenada) 10/23/83 to 11/2 (Panama) 12/20/89 to 1/31 (Persian Gulf) 8/2/90 – the	or in the U. 6 . 1/29/4 . 6/26/5 75 7 1/83 /90	S. Public Health Service: 45 to 9/2/45 50 to 7/3/52
2. Yes No	Is this veteran's service-connected disability rated at 10% or more?		
3. Yes No	Does the U.S. Department of Veterans' Affairs state affirmatively that a PERMANENT STABILIZED condition of disability exists to an extent of 10% or more? If the answer to question #4 is "No," has the veteran received a medical examination by the V.A.		
4. ☐ Yes ☐ No	If the answer to question #4 is "No," Medical Officer in connection with s Date of last medical examination:		t year?
	Date of next scheduled examination.	`	,
5. Remarks:			

X	
Signature of Adjudication Officer	Doto