In-Person Authentication Checklist
Virtual Lifetime Electronic Record (VLER) Health

Veteran

Please complete the other side of this checklist and **VA Form 10-0485**

Bring both completed documents and a picture ID for **In-Person Authentication** to any VA Employee to be verified.

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VA Employee

Verify the Veteran’s identity with a valid form of picture ID and ensure that the other side of this checklist and **VA Form 10-0485** is completed and signed.

**Select the form of government picture identification used for verification.**

- [ ] Valid Driver’s license
- [ ] VHA Veteran Identification Card (VIC) (must have picture ID on card)
- [ ] Other: __________________________________________________
  (Please specify)

Verified by: _______________________________________________________
  (Print name and title of VHA Employee) (DATE)

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When both sides of this checklist and VA Form 10-0485 are complete:

Please route to American Lake Release of Information (A-007-ROI/ VLER) or FAX to (206) 764-2755

**ROI staff will authenticate veteran. There may be a delay while this form is routed for processing.**

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VIRTUAL LIFETIME ELECTRONIC RECORD (VLER) HEALTH VERIFICATION FORM

Please complete this form and return it along with the VA Authorization Form (10-0485). This will help us complete your request to join the VLER Health Program.

PLEASE PRINT:

Full Name:

(Last) ____________________________ (First) ____________________________________________ (Middle) ____________________________________________

Date of Birth: ____________________________

Address:

__________________________________________________________ (Street, Apt #)

City: ____________________________ State: __________ Zip Code: __________

Telephone Numbers:

Home: __________________________ Mobile: __________________ Work: __________________

Email Address: ____________________________________________________________