

Veterans Service Officer Appointment

Retain a copy for your file. Mail the form, along with a copy of discharge papers and the commission / council minutes pertaining to the appointment, to the Pierre Office.

VSO Name: _____
(last, first, middle initial)

Office Address

Office Hours

Street/PO Box: _____ Days: _____
City: _____ Hours: _____
SD Zip: _____ County/Tribe: _____

Telephone – Fax – Email

Office: _____
Home: _____
Fax: _____
Email: _____

Office Budget
Salary (\$ per month) _____
Travel / Operating (\$ per year) _____

Date Enlisted: _____ Date Discharged: _____

Veterans Organization/ Memberships: _____

Recommendation of Veterans Field Officer

Approved: _____ Disapproved: _____

Comments _____

Date: _____ Field Officer: _____