



Consent for Release of Personal Records by Executive Agencies

Name of Agency: Department of Veterans Affairs, et al as required

To Whom It May Concern:

I have sought assistance from Congressman Heath Shuler on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Shuler or any authorized member of his staff until this matter is resolved.

I also hereby authorize the Department of Veterans Affairs to release any information pertaining to past, present, and future VA claims and issues. Also any claims that deal with issues related to Title 38>Part V>Chapter 73>Subchapter III>Section 7332 and Title 38>Part IV>Chapter 57>Subchapter I>Section 5701

Print Name Clearly

Date of Birth

Mailing Address

City, State, Zip Code

Social Security #

VA Claim # (if applicable)

Military Branch (if applicable)

Telephone # for Claimant

Alternate Telephone #

Email Address

Signature

Date

Brief Description of Problem: _____

Please return this form to: Congressman Heath Shuler, 205 College Street, Suite 100, Asheville, NC 28801. Attn: Kate Gunthorpe