

## **Veteran Casework Privacy Release Form**

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the veteran and surviving spouse. The next of kin (son, daughter, brother, sister) or someone legally acting on behalf of an individual must provide authorization such as power of attorney to obtain assistance.

Full Name			
Place of Birth		Date of Birth	
Social Security Number		VA Claim Number	
Street Address	City	State Zip	
Email Address		Phone Number	
Branch of Service		Dates of Service	
Last Known Unit and Duty Station	on		
Specific Assistance Needed			
Are you the veteran? (Circle One If you are not the veteran, please		formation:	
Full Name		Relationship to Veteran	

Street Address	City	State	Zip		
Email Address		Phone Number			
U.S. Senator Tom Carper has m files as necessary to assist me in	• • • • • • • • • • • • • • • • • • • •	* *	nal records and/or		
Signature		Date			

Phone: (302) 856-7690

Fax: (302) 856-3001

Please mail or fax this completed form, along with a detailed letter and all supporting documentation, to the following office:

Attn: Mrs. Jymayce Wescott Office of U.S. Senator Tom Carper 12 The Circle Georgetown, DE 19947