



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

Specific Assistance Needed

Are you the veteran? (Circle One) YES or NO

If you are not the veteran, please provide the following information:

Full Name

Relationship to Veteran

