



## The Information and Privacy Act Form

The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it as indicated below. Please be aware that the person requesting assistance must sign this form.

I hereby authorize the office of **VETERANWARRIORS** to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me, and to forward copies of my correspondence involving (Name of Agency) \_\_\_\_\_  
\_\_\_\_\_.

In addition, the office of **VETERANWARRIORS** is also authorized to see any materials that may be disclosed pertinent to that request.

**NAME:** \_\_\_\_\_

**NAME OF VETERAN (If different from requestor):**  
\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**WORK PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**CELL PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**BEST TIME AND METHOD TO REACH YOU:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME OF RECORD (Active service members only):**  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)



The Information and Privacy Act Form

SOC SEC #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

VA CLAIM # (if applicable): \_\_\_\_\_

VA Regional Office or Medical Facility: \_\_\_\_\_

\*Have you requested assistance from any other Veterans Service Organization? If yes, which one and did you receive a final response?

\_\_\_\_\_

\*Have you requested assistance from any Congressional leader? If yes, which one(s) and did you receive a final response?

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

USE THIS PAGE TO EXPLAIN YOUR PROBLEM TO VETERANWARRIORS

**INSTRUCTIONS:**

Please write a brief letter outlining the nature of your problem and be as specific as possible. In particular, include the names of any public officials you have communicated with in the past and the dates those communications occurred. Also, please attach any relevant correspondence that you have initiated or received concerning your problem. You may submit your completed form and any other pertinent attachments by:

VeteranWarriors  
4642 Ontario Drive  
New Port Richey, FL 34652  
Fax: 727-255-5085  
[veteranwarriors@yahoo.com](mailto:veteranwarriors@yahoo.com)