OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 02/28/2022

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF INDIVIDUAL AS **CLAIMANT'S REPRESENTATIVE**

IMPORTANT: Please read the Privacy Act and Respondent Burden on Page 2 before completing the form.

NOTE: If you prefer to have a veterans service organization assist you with your claim instead of an individual please complete VA Form 21-22,

| | intmen .va.go | | | | Sei | rvice | e C | Эrgai | nize | ation | ı as | s Cla | ain | nant | 's I | Rep | res | sen | tat | ive | Se | е | Pag | je 3 | 3 on | ho |)W t | :0 S | ubr | nit | cor | nple | ete | d fo | orm | ı. V | /A 1 | for | ms | are | av | /aila | able | at | |
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| NOTE | NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. VE | 7. VETERAN'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| δ. V ⊏ | 8. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SECTION II: CLAIMANT'S INFORMATION (If other than veteran) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. CL | 10. CLAIMANT'S NAME (First, Middle Initial, Last) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VETERAN'S SOCIAL SECURITY NO. | | | | | | | | | | | | | |
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| | SECTION IV: AUTH | ORIZATIO | N INFORMATION | | | | | | | | | | |
| 19. AUTHORIZATION FOR REPRESI Unless I check the box below, I do not a abuse, alcoholism or alcohol abuse, infe | authorize VA to disclose to the individ | ual named in | Item 15A any records that n | 2, TITLE 38, U.S.C nay be in my file relating to treatment for or | lrug | | | | | | | | |
| I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in Item 15A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 15A, either by explicit revocation or the appointment of another representative. | | | | | | | | | | | | | |
| 20. LIMITATION OF CONSENT. My consistency with the human immunodeficiency virus | | | | se, alcoholism or alcohol abuse, infection | | | | | | | | | |
| 21. AUTHORIZATION FOR REPRESI Unless I check the box below, I do not | | | | | | | | | | | | | |
| any other individual with out my | further written consent. This auth g a written revocation with VA; o | orization w | ill remain in effect until t | ords. This authorization does not exter the earlier of the following events: (1) individual named in Item 15A, either | I | | | | | | | | |
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| named in Item 15A is an accredited a indicated below in Item 23. If the ind particular claim only. I authorize VA my representative, and if the individu administrative employees of my representative. | ne Department of Veterans Affair gent or attorney, the scope of reprividual indicated in Item 15A is p to release any and all of my recor al in Item 15A is an accredited agesentative: | s (VA) base esentation providing rep ds (other th | d on the service of the very orded before VA may be presentation under 14.630 and as provided in Items 19 | teran named in Item 1. If the individuate limited by the agent or attorney as | al as | | | | | | | | |
| Signed and accepted subject to the 22A. SIGNATURE OF CLAIMANT (Do Not I | foregoing conditions. | | 22B | DATE OF SIGNATURE (MM/DD/YYYY) | | | | | | | | | |
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| 23. LIMITATIONS ON REPRESENTA' previously existing powers of attorney | | S ONLY (Un | less limited by an agent or a | ttorney, this power of attorney revokes all | | | | | | | | | |
| 24A. SIGNATURE OF REPRESENTATIVE | | | 24B. I | DATE OF SIGNATURE (MM/DD/YYYY) | | | | | | | | | |
| FEES: Section 5904, Title 38, United State connection with a proceeding before the Γ | | | | | | | | | | | | | |
| PENALTY : The law provides severe pena to be false or for the fraudulent acceptance | Ities which include fine or imprisonme of any payment to which you are not | ent, or both, fentitled. | or the willful submission of | any statement of a material fact, knowing | | | | | | | | | |
| PRIVACY ACT NOTICE: VA will not disclered Regulations 1.576 for routine uses (i.e. United States, litigation in which the United States) | , civil or criminal law enforcement, congr | essional comm | unications, epidemiological or r | research studies, the collection of money owed | to the | | | | | | | | |

RESPONDENT BURDEN: We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records -VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are

considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

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