

RICK LARSEN
2ND DISTRICT, WASHINGTON
U.S. House of Representatives
Veterans Privacy Release Authorization Form

I am requesting assistance from Congressman Rick Larsen and his staff with a personal issue concerning the Department of Veterans Affairs, Department of Defense, National Personnel Records Center, or National Archives and Records Administration.

Please explain your situation or request and provide any relevant information. Feel free to attach DD214 copies, documents, or other materials that support your claim.

The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.

I understand that by signing, I authorize Congressman Larsen and his staff to receive any information from Federal agencies that they might need in order to provide assistance.

The following information pertains to you (the person completing the form):

Full Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Signature: _____ Date: _____

The following information pertains to the Veteran:

Full Name of Veteran (Printed): _____

(Circle one) The Veteran is your: Self Mother Father Brother Sister Husband Wife Son Daughter

Date of Birth: _____ SSN: _____

Branch of Service: _____ Serial/Service Number: _____

Dates of Service: _____

Please list other offices or people (such as Senators or Representatives) you have contacted or are seeking help through and indicate if there are legal proceedings regarding your issue:

Please sign and return this form to Congressman Larsen's Everett office: ATTN: Casework, 2930 Wetmore Ave., Suite 9-F, Everett, WA, 98201, or by fax to (425) 252-6606.