



Consent for Release of Personal Records by Executive Agencies

Name of Agency: Department of Veterans Affairs, et al as required

To Whom It May Concern:

I have sought assistance from Congressman Shuler on a matter that may require the release of information maintained by your agency, and which you maybe prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize the Department of Veterans Affairs to release all relevant portions of my records or to discuss problems involved in this case with Congressman Shuler or any authorized member of his staff until this matter is resolved.

I also hereby authorize the Department of Veterans Affairs to release any information pertaining to past, present and future VA claims and issues, including any claims that deal with issues related to **Title 38>Part V Chapter 73>Subchapter III>Section 7332 and Title 38>Part IV>Subchapter I>Section 5701**.

Print Name Clearly

Date of Birth

Mailing Address

City, State, Zip Code

Social Security Number

VA Claim # (if applicable)

Military Branch

Telephone # of Claimant

Alternate Phone #

Email address

Signature of Claimant

Date

Brief Description of Problem: _____

**Please return this form to Congressman Heath Shuler, 205 College Street, Suite 100, Asheville, NC 28801. Attn: Veterans Service Representative*