



(DO NOT WRITE IN THIS SPACE)
 (VA DATE STAMP)

AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY

INSTRUCTIONS: Use this form if you want to give the Department of Veterans Affairs permission to release your personal beneficiary or claim information to a third party. This form may not be executed by any beneficiary recognized as incompetent for VA purposes, nor can VA accept this form from any beneficiary recognized as incompetent for VA purposes.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

1. NAME OF VETERAN (First, Middle Initial, Last)

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2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

		Month	Day	Year
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5. VETERAN'S SERVICE NUMBER (If applicable)

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SECTION II - BENEFICIARY/CLAIMANT'S IDENTIFICATION INFORMATION

6. NAME OF BENEFICIARY/CLAIMANT WHO IS NOT THE VETERAN (First, Middle Initial, Last)

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7. ADDRESS OF BENEFICIARY/CLAIMANT (Number and Street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street									
Apt./Unit Number	City								
State/Province	Country	ZIP Code/Postal Code							

8. PREFERRED PHONE NUMBER (Include Area Code)

9. PREFERRED EMAIL ADDRESS (Optional)

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SECTION III - CONTACT INFORMATION

10. I (beneficiary/claimant) authorize the Department of Veterans Affairs (VA) to contact the person or organization listed below for the purposes of providing the following information pertaining to my VA record. (Check only one box below to tell VA the specific benefit or claim information you want disclosed)

- Any Information (Go to Item 12)
 Limited Information (Go to Item 11)

11. IF YOU SELECTED "LIMITED INFORMATION", CHECK ALL THAT APPLY

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Status of pending claim or appeal | <input type="checkbox"/> Amount of money owed VA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current benefit and rate | <input type="checkbox"/> Request a benefit payment letter | _____ |
| <input type="checkbox"/> Payment history | <input type="checkbox"/> Change of address or direct deposit | _____ |

12. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:

- One time only
 From the date of signing below until _____
 (Specify date - month, day, year)
- Ongoing until written notice is given to VA to terminate

13. VA IS AUTHORIZED TO DISCLOSE THE INFORMATION AS SPECIFIED ABOVE TO THE PERSON OR ORGANIZATION LISTED BELOW.
 NOTE: IF AUTHORIZATION IS FOR AN ORGANIZATION, PLEASE PROVIDE THE FIRST AND LAST NAME OF THE ORGANIZATION'S REPRESENTATIVE.

A. NAME OF PERSON OR ORGANIZATION	B. ADDRESS OF PERSON OR ORGANIZATION
Legal-Ease Digital Imaging Pat Clifford Dawn Osman Jessica Malone Tanya Gardner Ashley Richardson	P.O. Box 1017 Flint MI 48501-1017

VETERAN'S SSN

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SECTION III - CONTACT INFORMATION (Continued)

14. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY ONE SECURITY QUESTION BOX IN 14A AND PROVIDE THE ANSWER IN 14B.

A. SECURITY QUESTION	B. ANSWER
<input type="checkbox"/> The city and state your mother was born in	
<input type="checkbox"/> The name of the high school you attended	
<input type="checkbox"/> Your first pet's name	
<input type="checkbox"/> Your favorite teacher's name	
<input type="checkbox"/> Your father's middle name	

SECTION IV - DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

15A. SIGNATURE (*Do NOT print*)

15B. DATE SIGNED

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel 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. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to release your private benefit and/or claim information to a designated third party(ies). The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form will authorize release of the information you specify. Title 38, United States Code, allows us to ask for this information. We estimate that you will 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. Valid OMB control numbers 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.

VETERAN'S SOCIAL SECURITY NO. [] [] [] - [] [] - [] [] [] []

SECTION II: REMARKS (Continued)
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

[Empty space for remarks]

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE <i>(Sign in ink)</i>	10. DATE SIGNED <i>(MM/DD/YYYY)</i>
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel 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 required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. 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.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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. Valid OMB control numbers 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.