## CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES

## TO WHOM IT MAY CONCERN:

I have sought assistance from Congresswoman Sue Myrick on a matter which may require the release of information maintained by your agency and which you may be prohibited from disseminating under the "Privacy Act of 1974."

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congresswoman Myrick or any authorized member of her 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. Also any claims that deal with issues related to Title 38 > Part V > Chapter 73 > Subchapter III > § 7332 and Title 38 > Part IV > Chapter 57 > Subchapter I > § 5701.

Name (please print)		
Current address		
City	State	Zip Code
Home Telephone	Work Telephone:	
E-mail Address		
Please check the space to the left if	you would like to	receive Sue's newsletter.
Date of Birth	Place of Birth	
Social Security Number	Brand	ch of Service:
Military Rank (if applicable)	Milita	ary Serial Number (if applicable)
Military Address (if applicable)		
Date & Place of Entry in Military	Date a	nd Place of Discharge
VA Claim Number	Yo	our Signature
Return to: Representative Sue Myric 197 West Main Avenue	ek	

Gastonia, N. C. 28052