

## U.S. Representative Mike Rogers 3<sup>rd</sup> District Alabama Privacy Release Form for Veterans Casework Please print or type:

Part 1. Information about You or the Person Experiencing the Problem				
Full Name of Veteran: (last)	(first)	(MI)		
Street Address:				
City:	State:	Zip:		
Home Phone:	Work Phone:			
Social Security #:	VA Claim #:			
Date of Birth:				
Part 2. Type of Problem You (or	person in part one) Are Experience	ing – Check the box that		
applies				
Service Connected Disability	Claim 🗌 Non-Service Connected D	Disability Claim		
Widow's Annuity	Aid & Attendance	Clothing Allowance		
VA Hospital Problem	Prescription Problem	Educational		
Other				
Part 3. Explain the Problem and	How You Would Like Me to Try t	o Assist You		

Part 4. What You Need to Attach to This Form

- Attach a copy the latest application or appeal you filed with the VA
- Attach any pertinent correspondence you have received from the VA.

Pursuant to the Privacy Act of 1974, I authorize the Department of Veterans Affairs to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.

Signature: Da		//
If you live in: Calhoun, Cherokee, Clay, Cleburne, Randolph, or Talladega County	<b>If you live in:</b> Chambers, Lee, Russell County, or Tallapoosa County	If you live in: Coosa, Macon or Montgomery County
Mail to:	Mail to:	Mail to:
Congressman Mike Rogers 1129 Noble Street, Room 104 Anniston, AL 36201	Congressman Mike Rogers 1819 Pepperell Parkway, Ste 203 Opelika, AL 36801	Congressman Mike Rogers 7550 Halcyon Summit Drive Montgomery, AL 36117
Phone: (256) 236-5655 Fax: (256) 237-9203	Phone: (334) 745-6221 Fax: (334) 742-0109	Phone: (334) 277-4210 Fax: (334) 277-4257