

Veteran Casework Privacy Release Form

Due to the enactment of the "Right to Privacy Act", it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Note: Inquiries can be made by the veteran, surviving spouse, the next of kin of a deceased veteran (son, daughter, brother, sister) or someone legally acting on behalf of a veteran with supporting documentation.

Veterans

First name:

Middle name:

Veteran last name:

Veterans Address:

Are you the veteran?

If you are not the veteran, please state your name, relationship to veteran, your address and phone number:

Veterans Social Security Number:

VA Case File Number (if applicable):

Branch of Service:

Dates of Service (if known):

Veterans Date of Birth:

Place of Birth:

Veterans Last known unit and duty station (if known):

Specific Assistance Needed:

US Senator Tom Carper has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

Signature:

Print this form and send any additional paperwork to:

Senator Thomas Carper
Attn: Mrs. J. Wescott
12 The Circle
Georgetown, DE 19947
(P) 302-856-7690
(F) 302-856-3001