CONGRESSIONAL INQUIRY FORM
Congressman Adam Kinzinger
16th Congressional District, Illinois

I understand under the Privacy Act of 1974 that Federal and State Government Agencies are prohibited from releasing any information regarding an individual without that individual's written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

Department of Veterans Affairs

Name:_____ Date:_____
Address:(Street)_____
City:_____ State:_____ Zip:_____
Home phone:_____ Business/ Cell Phone:_____
Date of birth:_____ Social Security Number:_____
E-mail address:_____
Any other identifying case numbers:_____
Type of VA benefits/ assistance I am seeking (please circle one):
Compensation Dependency Pension Aid & Attendance Health DIC Other
Date claim was filed:_____

Description of problem/concern (use extra paper if necessary)
Attach copies of any documents related to this problem.

_____
_____
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_____
_____
_____

Signature:_____ Date:_____
*Release expires one year from date signed

Please return to:
Congressman Adam Kinzinger
628 Columbus Street, Suite 507
Ottawa, IL 61350
Fax: 815-431-9383