SARAH McBRIDE

DELAWARE'S CONGRESSWOMAN

Veteran Casework Privacy Release Form Instructions

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and 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. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the individual and surviving spouse. The next of kin (son, daughter, brother, sister) or someone legally acting on behalf of an individual must provide authorization such as power of attorney to obtain assistance.

Full Name

Full Name			
Social Security Number		Date of Birth	
Social Security Number		Date of Birth	
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Email Address		Phone Number	
Email Address		Phone Number	
Branch of Service		Dates of Service	
Branch of Service		Dates of Service	
Last Known Unit and Duty Station			
Last Known Unit and Duty Station			
What do you need assistance with?			
Specific Assistance Needed			

Are you a Veteran? (Circle One) YES or NO

If you are not the Veteran, please provide the following information:

Full Name	Relationship to Veteran
Full Name	Relationship to Veteran
Social Security Number	Date of Birth
Social Security Number	Date of Birth

Street Address	City	State	Zip Code
Street Address	City	State	Zip Code

Email Address	Phone Number
Email Address	Phone Number

Signature	Date
Signature	Date