SARAH McBRIDE

DELAWARE'S CONGRESSWOMAN

Veteran Casework Privacy Release Form

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

Social Security Number | Date of Birth

Street Address | City | State | Zip Code

Email Address | Phone Number

Branch of Service | Dates of Service

Last Known Unit and Duty Station

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

Social Security Number | Date of Birth

Street Address	City	State	Zip Code
Email Address		Phone Number	
Signature		Date	