

INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO DISCLOSE PERSONAL BENEFICIARY/CLAIMANT INFORMATION TO A THIRD PARTY

GENERAL INFORMATION

At VA, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential. In accordance with section 41 of the Freedom of Information and Protection of Privacy Act, VA will only use the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; for the purpose for which it was collected or a consistent purpose (i.e. a purpose which the individual might have reasonably expected).

By law, VA must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that isn't contained in VA's System of Records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA. You may revoke your written permission at any time, except if VA has already acted based on your permission.

SPECIFIC INSTRUCTIONS

ITEMS 1 THROUGH 5 - In this section, give us the pertinent contact information to include name, address, contact numbers, and e-mail address.

ITEM 6- Tell us the type of information you would like VA to release to your authorized third party.

ITEMS 7 & 8- This section tells VA the terms of releasing your information. Tell us when to stop releasing your personal benefit or claim information to your authorized third party. Check the box that applies and fill in dates, if applicable.

ITEMS 9A & 9B - VA will give your personal benefit or claim information to the person(s) or organization(s) you fill in here. You may fill in more than one person or organization. If you designate an organization, you must also identify one or more individuals in that organization to whom VA may disclose your benefit or claim information. This form cannot be used to disclose federal tax information to third parties.

ITEMS 10A & 10B - Select the security question you would like us to ask your designated third party and provide the answer. This question will be asked each time your designated third party contacts our office.

WHERE DO I SEND MY COMPLETED FORM?

You can obtain the VA mailing address to send your completed, signed authorization by calling toll-free 1-800-827-1000 (Hearing Impaired 1-800-829-4833). You can also locate the address of the closest VA regional office on the Internet at <http://www.va.gov/directory> or in the government pages of your telephone book under "United States Government, Veterans."

WHAT IF I CHANGE MY MIND?

If you change your mind and **do not** want VA to give out your personal benefit or claim information, write us a letter to revoke your authorization or complete Items 11A and 11B of the form. VA will no longer give benefit information (except for the information VA has already given out based on your permission).

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)



AUTHORIZATION TO DISCLOSE PERSONAL BENEFICIARY/CLAIMANT INFORMATION TO A THIRD PARTY

INSTRUCTIONS: Use this form if you want to give the Department of Veterans Affairs permission to release your personal beneficiary or claim information to a third party.

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print clearly)	2. FIRST, MIDDLE, LAST NAME OF CLAIMANT WHO IS NOT THE VETERAN (Print clearly)
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3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER
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5. CONTACT INFORMATION		
A. DAYTIME PHONE NUMBER	B. CELL PHONE NUMBER	C. E - MAIL ADDRESS (If applicable)

6. I (beneficiary/claimant) authorize the Department of Veterans Affairs (VA) to contact the persons or organizations listed below for the purposes of providing the following information pertaining to my VA record. *Check only one box below to tell VA the specific benefit or claim information you want disclosed.*

Any Information (Skip to Item 8)
 Limited Information (Go to Item 7)

7. IF YOU SELECTED "LIMITED INFORMATION", CHECK ALL THAT APPLY

Status of pending claim or appeal	Account receivable balance	Other _____
Current benefit and rate	Request a benefit payment letter	_____
Payment history	Change of address or direct deposit	

8. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:

One time only
 From the date of signing below until _____
 (Specify date - month, day, year)

Ongoing until written notice is given to VA to terminate or revoked in Items 11A & 11B

9. VA IS AUTHORIZED TO DISCLOSE INFORMATION AS SPECIFIED IN ITEMS 7 AND 8 TO THE PERSON(S) OR ORGANIZATION(S) LISTED BELOW. NOTE: IF AUTHORIZATION IS FOR AN ORGANIZATION, PLEASE PROVIDE THE FIRST AND LAST NAME OF THE ORGANIZATIONS REPRESENTATIVE. (Please print clearly).

A. NAME OF PERSON OR ORGANIZATION	B. ADDRESS OF PERSON OR ORGANIZATION

10. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY **ONE** SECURITY QUESTION BOX IN 10A AND PROVIDE THE ANSWER IN 10B.

A. SECURITY QUESTION	B. ANSWER
The city and state your mother was born in	
The name of the high school you attended	
Your first pet's name	
Your favorite teacher's name	
Your father's middle name	

11A. IF YOU WANT THIS AUTHORIZATION TO BE REVOKED PROVIDE THE REASON BELOW AND DATE IN 11B	11B. DATE REVOKED
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12A. SIGNATURE (Do NOT print)	12B. DATE SIGNED
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PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN - We need this information to release your private benefit and/or claim information to a designated third party(ies). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.