Department of Veterans Affairs				REPORT OF GENERAL INFORMATION						
<b>NOTE -</b> This form must be filled out in ink or on a ty as it becomes a permanent record in the veteran's for				er/computer,	1. VA OFFICE	2. IDEN	IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)			
	E - FIRST NAME - MIDD						DATE OF CONTACT (Month, day, year)			
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)								DNE NUMBER OF VETERAN (Include Area Co	do)	
									uej	
							6B. E-MAIL ADDRESS ( <i>If applicable</i> )			
7. PERSON CONTACTED 8. ADDRESS OF P			ERSON	I CONTACTED	9. TYPE OF CONTACT	T (Check) 10. TELE CONT		10. TELEPHONE NUMBER OF PERSO CONTACTED (Include Area Code)	N	
I identi	fied myself as a VA er	mplovee who is au	Ithorize	ed to receive info	ormation (38 CFR 3.21	(7)		Υ Υ		
I verifie	•				imant/fiduciary by obta	,	e			
Check (।∕)	THE VETERAN		Check (⊮∕)	(i.e. DIC Death Pension Ch 35 or			≎heck (।∕)	ANOTHER CLAIMANT		
	Claim Number or SSN			Veteran's Claim Number or SSN				Veteran's Claim Number or SSN		
Full N	Full Name			Veteran's Full Name				Veteran's Full Name		
Branch of Service			Veteran's Branch of Service					Veteran's Branch of Service		
Entry <b>OR</b> Release Service Dates			Beneficiary's Full Name					Claimant's Full Name		
(mm/yyyy)			Beneficiary's SSN					Claimant's Address		
For change of address/direct deposit, you must also ask the following:			For change of address/direct deposit, you must also ask the following:			ou				
Address of Record			Address of Record							
Type of Benefit (Claimed or in receipt of)			Type of Benefit (Claimed or in receipt of)			t of)				
Current Check Amount			Current Check Amount							
If dependents are of record:			If dependents are of record:							
Name and SSN or Spouse <b>OR</b>			Name and SSN or Spouse <b>OR</b>							
Name and birthday of one child				Name and birthday of one child						
	MENT OF INFORMATIC		DOIVE							
Notification		of the Drivery Ac	t atata	mant to the colle						
"l a be		no is authorized to rpose for gathering	receiv g this ir	re or request evi information or sta	dentiary information or			hat may result in a change in your VA ermination. It is subject to verification		
<ul> <li>I informed caller we will issue a notification letter incorporating this information.</li> <li>I informed caller that information provided would be used to calculate benefit amounts that may result in a reduction or termination.</li> </ul>										
I informed caller that any potential overpayment could be reduced by immediate action.										
		tood and that he o	r she e	elected immedia	te action to minimize a	a potentia	al deb	ot.		
			XECUTED BY (Signature and title)							
Code of Fede money owed i identity and s Records - VA (38 U.S.C. 57 <b>RESPONDEN</b> to ask for this information	ral Regulations 1.576 for to the United States, litiga tatus, and personnel adr , and published in the Fe 01). Information submitte <b>IT BURDEN</b> : We need th s information. We estima unless a valid OMB	routine uses (i.e., ci ation in which the Un inistration) as ident ideral Register. Your d is subject to verifica is information to obt te that you will need 3 control number	vil or cri ited Sta ified in obligat ation thr ain evid I an ave is of	iminal law enforce tes is a party or hi the VA system of ion to respond is r rough computer m lence in support of erage of 5 minute displayed. Valid	ment, congressional com as an interest, the admini records, 58VA/21/22/28 required to obtain or retai atching programs with oth f your claim for benefits ( s to respond to the ques OMB control numb	munication stration o Compens in benefits ner agenc 38 U.S.C. stions on ers can	ons, ep f VA p sation, s. The ies. . 501(a this fo be	authorized under the Privacy Act of 1974 or Titl pidemiological or research studies, the collectio programs and delivery of VA benefits, verificatio Pension, Education and Vocational Rehabilita responses you submit are considered confider a) and (b)). Title 38, United States Code, allows prm. VA cannot conduct or sponsor a collection located on the OMB Internet Page send comments or suggestions about this form	n of in of ition ntial s us n of at	
VA FORM	21-0820									