

**INFORMATION AND INSTRUCTIONS ON HOW TO SUBMIT  
A FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT REQUEST (PA)**

Please complete the attached form to submit a Freedom of Information Act (FOIA) or Privacy Act (PA) request. It must be signed by the requester or third-party authorized to act on behalf of the requester.

**WHAT IS A FOIA REQUEST?**

A FOIA request provides the public the right to request access to records from Federal agencies, except those protected by the nine FOIA exemptions. For additional information please visit <https://www.va.gov/FOIA/index.asp>.

**WHAT IS A PA REQUEST?**

A citizen of the United States or an alien lawfully admitted for permanent residence may request access to or amendment of records on herself/himself from a System of Records (SORs). Examples of PA records are personal Claims Files (C-File), educational loan, and beneficiary records. For additional information please visit <https://www.oprm.va.gov/privacy/>.

**VERIFICATION OF IDENTITY AND CONSENT FOR PA REQUESTS ONLY**

A request must include the following information:

- Your full name;
- Your date of birth;
- Your place of birth; *and*
- Your current mailing address.

**Note:** To help us locate requested records, please include your Social Security number (SSN) or Alien Registration number (A-number).

**IMPORTANT:** This form does not need submission if seeking to verify, review, and print documents from your official Military Personnel File, including your DD Form 214, VA Letters, and Certificate of Eligibility for Home Loans, as these items are available via [www.va.gov](http://www.va.gov).

Also, please consider using Standard Form 180, *Request Pertaining to Military Records* which provides additional guidance for requests of Personnel Records, Military Human Resource Records and Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). You can request the form at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html>.

**WHERE TO SEND YOUR REQUEST:**

**NOTE** - All Privacy Act requests must be sent to the Centralized Support Division address listed below.

RECORDS CUSTODIAN	MAIL TO	ELECTRONIC SUBMISSION
Centralized Support Division (Claim Files)	Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	EMAIL: <a href="mailto:FOIA.vbarmc@va.gov">FOIA.vbarmc@va.gov</a>  FAX: 844-531-7818 (Toll-Free) or DID 608-373-6690
Veterans Benefits Administration (All other records)	Department of Veterans Affairs Veterans Benefits Administration (20) 810 Vermont Avenue NW Washington, DC 24020	EMAIL: <a href="mailto:FOIA.vbaco@va.gov">FOIA.vbaco@va.gov</a>  FAX: 202-495-5567



Department of Veterans Affairs

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

**FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT(PA) REQUEST**

**INSTRUCTIONS:** Read the Privacy Act and Respondent Burden information on Page 4 before completing the form. This form must be signed by the requester, authorized organization, or third party who has been authorized by the requester. For additional information on VA FOIA and PA requests visit our website at <https://www.va.gov/FOIA/Requests.asp>. You may also contact the VA at <https://iris.custhelp.va.gov> or call us toll-free at 1-800-827-1000. If you use a Telecommunications device for the deaf (TDD),the Federal Relay number is 711. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**SECTION I: REQUEST FOR INFORMATION ON YOURSELF**

**(If you are seeking information on yourself, complete Sections I, III, V and VI. Complete Section IV, if applicable.)**

**NOTE:** You may complete the form on-line or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable circle to help expedite processing of the form.

1. NAME (First, Middle Initial, Last)		
2. SOCIAL SECURITY NUMBER (For PA requests)  — —	3. ALIEN REGISTRATION NUMBER (A-number) (If applicable)	4. VA FILE NUMBER (If applicable)
5. DATE OF BIRTH (For PA requests) Month      Day      Year —      —	6. PLACE OF BIRTH (Provide City and State, County and State or City and Country)	
7. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  No. & Street  Apt./Unit Number                      City  State/Province              Country              ZIP Code/Postal Code              —		
8A. TELEPHONE NUMBER (Include Area Code)  — —  Enter International Phone Number (If applicable)	8B. FAX NUMBER (If applicable)  — —  Enter International FAX Number (If applicable)	

9. E-MAIL ADDRESS <input type="radio"/> I agree to receive electronic correspondence from VA in regards to my claim.
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**SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF**

**(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)**

10. NAME OF PERSON OR ORGANIZATION WHO IS REQUESTING ANOTHER PERSON'S RECORDS (First, Middle Initial, Last)		
11. MAILING ADDRESS OF PERSON OR ORGANIZATION REQUESTING RECORDS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  No. & Street  Apt./Unit Number                      City  State/Province              Country              ZIP Code/Postal Code              —		
12A. TELEPHONE NUMBER (Include Area Code)  — —  Enter International Phone Number (If applicable)	12B. FAX NUMBER (If applicable)  — —  Enter International FAX Number (If applicable)	

**SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF (Continued)**

(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)

**NOTE:** Items 13 through 16 must be completed to inform VA on whom the person is you are requesting the information about.

13. NAME OF THE PERSON YOU ARE REQUESTING INFORMATION ON (First, Middle Initial, Last)

14. SOCIAL SECURITY NUMBER  - -	15. ALIEN REGISTRATION NUMBER (A-number) (If applicable)	16. VA FILE NUMBER (If applicable)
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**SECTION III: RECORDS YOU ARE SEEKING  
(This information is required in order to complete the request)**

17. SELECT THE TYPE(S) OF RECORDS YOU ARE REQUESTING, BELOW:

<input type="radio"/> CLAIMS FILE (C-FILE)	<input type="radio"/> DD FORM 214 (See "IMPORTANT" information on Page 1 regarding how to obtain a DD Form 214 from <a href="http://www.va.gov">www.va.gov</a> )	<input type="radio"/> HUMAN RESOURCE RECORDS	<input type="radio"/> LIFE INSURANCE BENEFIT RECORDS (If applicable, enter policy number in Section IV, Item 18, Remarks)
<input type="radio"/> SERVICE TREATMENT RECORDS / MILITARY TREATMENT RECORDS	<input type="radio"/> LIFE INSURANCE RECORDS	<input type="radio"/> HOME LOAN BENEFIT RECORDS	<input type="radio"/> DISABILITY EXAMINATIONS (C & P EXAMS) (If applicable enter date of exam in Section IV, Item 18, Remarks)
<input type="radio"/> VETERAN READINESS AND EMPLOYMENT RECORDS	<input type="radio"/> FIDUCIARY SERVICES RECORDS	<input type="radio"/> PERSONALIZED CAREER PLANNING AND GUIDANCE (PCPG) CHAPTER 36 RECORDS	
<input type="radio"/> PENSION BENEFIT DOCUMENTS	<input type="radio"/> EDUCATION BENEFIT RECORDS	<input type="radio"/> FINANCIAL RECORDS	
<input type="radio"/> OTHER (Specify)			

**SECTION IV: REMARKS**

18. REMARKS (If any)

**SECTION V: WILLINGNESS TO PAY FEES AND EXPEDITED PROCESSING**

19. **IMPORTANT:** For the purpose of fees only, FOIA divides requesters into three categories: (1) commercial requesters may be charged fees for searching for records, reviewing the records, and photocopying them; (2) educational, non-commercial scientific institutions, and representatives of the news media are charged for photocopying after the first 100 pages; (3) all other requesters (requesters who do not fall into any of the other two categories) are charged for photocopying after the first 100 pages and for time spent searching for records in excess of two hours. VA charges \$0.15 per single-sided page of photocopying. Actual costs are charged for a format other than paper copies. There are several circumstances where a requester has a right to a total or partial fee waiver.

An agency may grant fee waivers if the requester successfully demonstrates that the disclosure of information is in the public's interest because it is likely to contribute significantly to the public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.

**Expedited Processing:** under certain conditions you may be entitled to have your request processed on an "expedited" basis, i.e. within 10 business days of the date on which the request was received. In an effort to treat all requesters fairly and in an impartial manner, VA will only expedite a FOIA request in cases in which there is a threat to someone's life or physical safety; the requester is primarily engaged in disseminating information and has established that the request is urgently needed to inform the public concerning some actual or alleged government activity; or where an individual will suffer the loss of substantial due process rights if the records are not processed on an expedited basis.

I AM WILLING TO PAY THE APPLICABLE FEES UP TO THE AMOUNT OF \$ .00

IF YOU BELIEVE YOU ARE ENTITLED TO A FEE WAIVER AND/OR EXPEDITED PROCESSING, INDICATE HERE:

**SECTION VI: REQUESTER CERTIFICATION AND SIGNATURE**

**I CERTIFY THAT** I have completed this FOIA/PA request and declare it is true and correct to the best of my knowledge and belief.

20A. REQUESTER'S SIGNATURE (*REQUIRED*)

20B. DATE SIGNED

Month          Day          Year  
                  —               —

**SECTION VII: THIRD-PARTY CERTIFICATION AND SIGNATURE**  
**(Valid only if Section II has been completed and requester has an authorized third party)**

**I CERTIFY THAT** the requester has authorized me as the undersigned representative and certifies that the truth and completion of the information contained in this document is to the best of the requesters knowledge and belief.

**NOTE:** A third-party signature *will not* be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third Party* is of record or completed and attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

21A. THIRD-PARTY SIGNATURE

21B. DATE SIGNED

Month          Day          Year  
                  —               —

**SECTION VIII: POWER OF ATTORNEY (POA) CERTIFICATION AND SIGNATURE**  
**(Valid only if Section II has been completed and requester has authorized POA representation)**

**I CERTIFY THAT** the requester has authorized me as the undersigned representative and certifies the truth and completion of the information contained in this document to the best of the requesters knowledge and belief.

**NOTE:** A POA's signature *will not* be accepted unless a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative* or VA Form 21-22a, *Appointment of Individual as Claimant's Representative* is of record or attached to this request.

22A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE)

22B. DATE SIGNED

Month          Day          Year  
                  —               —

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

**PRIVACY ACT NOTICE:** 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, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**RESPONDENT BURDEN:** We need this information to identify and obtain the information you are requesting. 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.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.