OMB Control No. 29000734
Respondent Burden: 5 minutes
Expiration Date: XX/XX/XXXX

			Expiration Date: XX/XX/XXXX
Department of Veterans Affairs		REPORT OF (GENERAL INFORMATION
NOTE - This form must be filled out in ink or on a ty computer, as it becomes a permanent record in the vet	1	1. VA OFFICE	2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)
LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)			4. DATE OF CONTACT (Month, day, year)
5. ADDRESS OF VETERAN (Include number and stree	t or rural route, city or P.O., State and ZIP Code)		de) 6A. TELEPHONE NUMBER OF VETERAN (Include Area Cod DAY EVENING
			6B. E-MAIL ADDRESS (<i>If applicable</i>)
7. NAME OF PERSON CONTACTED			8. TYPE OF CONTACT
9. ADDRESS OF PERSON CONTACTED			10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)
I certify that I properly identified my caller using	the ID Proto	201	
Notification of Action			
I read the following statement to the caller:			
"I am a VA employee who is authorized t primary purpose for gathering this informa programs with other agencies."			r statements that may result in a change in your VA benefits. Th ermination. It is subject to verification through computer matchin
cc: POA (If applicable): DIVISION OR SECTION	EVECUTE	D BV (Signature and title)	
DIVISION OR SECTION	EXECUTE	D BY (Signature and title)	
Federal Regulations 1.576 for routine uses (i.e., civil or crit United States, litigation in which the United States is a party administration) as identified in the VA system of records, 50	minal law enfor or has an intere 8VA/21/22/28 (btain or retain b	reement, congressional communication st, the administration of VA programs a Compensation, Pension, Education and	what has been authorized under the Privacy Act of 1974 or Title 5, Code or is, epidemiological or research studies, the collection of money owed to the and delivery of VA benefits, verification of identity and status, and personne Vocational Rehabilitation and Employment Records - VA, published in the considered confidential (38 U.S.C. 5701). Information submitted is subject t
RESPONDENT BURDEN : We need this information to obt information. We estimate that you will need an average of 5	ain evidence in minutes to res in be located or	pond to the questions on this form. VA	U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for th A cannot conduct or sponsor a collection of information unless a valid OM nfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to g
	S	UPERSEDES VA FORM 27-0820, J	JUL 2018.