OMB Control No. 2900-0734
Respondent Burden: 5 minutes
Expiration Date: XX/XX/20XX

Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a computer, as it becomes a permanent record in the veteran's folder.

1. VA OFFICE

2. IDENTIFICATION NUMBERS *(C, XC, SS, XSS, V, K, etc.)*

3. 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 street or rural route, city or P.O., State and ZIP Code)*

6A. TELEPHONE NUMBER OF VETERAN *(Include Area Code)*

DAY | EVENING

6B. E-MAIL ADDRESS (*If applicable)*

7. NAME OF PERSON CONTACTED

8. TYPE OF CONTACT

☐ PERSONAL ☐ TELEPHONE

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 Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Notification of Action

☐ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA *(If applicable):*

DIVISION OR SECTION

EXECUTED BY *(Signature and title)*

PRIVACY ACT NOTICE: The 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 5, 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, 58VA/21/22/28 Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0734, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0734 in any correspondence. Do not send your completed VA Form 27-0820 to this email address.