

Congressman Pat Meehan

District Office: 940 W. Sproul Road, Suite 202, Springfield PA 19064

Phone: 610-690-7323

Fax: 610-690-7329

Consent for Release of Personal Records

- **This form must be complete by the claimant, claimant's Power of Attorney, or claimant's legal guardian and signed at the bottom of the page**
- **Enclose copies (no originals) or any documentation to your claim/case**

Please Print:

Name

Residential Address

Mailing Address (if different from residential)

City, State, Zip Code

Home Telephone Number

Work Telephone Number

Cell Phone Number

Email Address

Date of Birth

Social Security Number

Claim Number

(VA Claim #. A#, etc., if applicable)

Please read and sign the following:

I have sought the assistance from Congressman Pat Meehan on a matter that may require the release of information maintained by your agency and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize _____
(name of agency)

To release all relevant portions of my records or to discuss problems involved in this case with Congressman Meehan or any authorized members of his staff until this matter is resolved.

Signature

Date