

PRIVACY ACT WAIVER

In order to waive my rights under the Privacy Act, 5 U.S.C. 552a(b), and under any other federal or state law or regulation which controls access to my records, I give my prior written consent to the U.S. Department of Veterans Affairs (VA); U.S Departments of Defense, Army, Navy, Marine Corps, and Air Force; and any other public or private custodian of (including, but not limited to, hospitals, clinics, and current and former treating physicians), or agency that possesses or controls, my military personnel, military medical, VA claims file, VA medical, mental health, drug or alcohol treatment, Discharge Review Board, Board for Correction of Military or Naval Records, or Physical Disability Board of Review records and files, to disclose fully and promptly to National Veterans Legal Services Program employees **Melinda Fuentes, Paige James, Dorrie Popovski,** and/or attorneys **Rochelle Bobroff, Jason Davidson, Amy Fulmer, Esther N. Leibfarth, Erin Mee, Mackenzie O'Brien, Abigail Reynolds,** and any agents, attorneys, legal interns or law clerks working under their supervision or any other person or law firm designated by any of the attorneys named above, any and all records, documents, or files that pertain to me which they may request.

If these records include information protected under 38 U.S.C. § 7332 about drug abuse, infection with human immunodeficiency virus (HIV), alcoholism or alcohol abuse or sickle cell anemia, I specifically consent to that disclosure as well.

Name: _____
(Last, First, Middle Initial)

Date of Birth: _____ Last 4 Digits of Social Security #: _____
(YYYYMMDD)

VA Claims File # (if known): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date signed: _____
(Please provide a handwritten signature) (YYYYMMDD)