



U.S. Representative Mike Rogers
3rd District Alabama
Privacy Release Form for the
Defense Finance and Accounting Service Casework

Please print or type:

Part 1. Information about you or the person experiencing the problem.

Servicemember's Full Name: (last)_____ (first)_____ (MI) _____

Your Name (if not Servicemember): (last)_____ (first)_____ (MI)_____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Serial # _____

Branch of Service: _____ Discharge Date (if known): _____

Date of Birth: _____ Date of Death (if applicable): _____

Part 2. Type of Problem You Are Experiencing – Check the box that applies

- ☐ Payment Problem of Servicemember
☐ Payment Problem of Former Spouse
☐ Other

- ☐ SBP Problem of Widow/Widower
☐ SBP Problem of Former Spouse

Reason for Requesting Assistance: (Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.):

Pursuant to the Privacy Act of 1974, I authorize the DFAS to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.

Signature: _____ Date: ____/____/____

If you live in: Calhoun, Cherokee, Clay,
Cleburne, St. Clair, or Talladega County

If you live in: Chambers, Lee, Macon,
Montgomery, Randolph, Russell, or Tallapoosa
County

Mail or Fax to:
Congressman Mike Rogers
1129 Noble Street, Room 104
Anniston, AL 36201
Fax: (256) 237-9203

Mail or Fax to:
Congressman Mike Rogers
701 Avenue A, Suite 300
Opelika, AL 36801
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