

U.S. Representative Mike Rogers 3rd District Alabama Privacy Release Form for Veterans Casework Please print or type:

Part 1. Information about You or the Person Experiencing the Problem		
Full Name of Veteran: (last)	(first)	(MI)
Street Address:		
City:	State:	Zip:
	Work Phone:	
Social Security #:	VA Claim #:	
Date of Birth:		
Part 2. Type of Problem You Are	Experiencing – Check the box that a	applies
Service Connected Disability C	laim Non-Service Connected Di	sability Claim
☐ Widow's Annuity	☐ Aid & Attendance	☐ Clothing Allowance
☐ VA Hospital Problem	☐ Prescription Problem	Educational
Other		
Part 3. Briefly summarize your p	roblem	
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Part 3. (Continued)	
Part 4. What You Need to Attach to This Form	m
 Attach a copy the latest application Attach any pertinent correspondence 	
	ze the Department of Veterans Affairs to release ogers and/or his staff in order for him to assist me
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	Mail or Fax to: Congressman Mike Rogers

Congressman Mike Rogers 1129 Noble Street, Room 104 Anniston, AL 36201 Fax: (256) 237-9203 Congressman Mike Rogers 701 Avenue A, Suite 300 Opelika, AL 36801

Fax: (334) 742-0109