Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS ON HOW TO SUBMIT A FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT REQUEST (PA)

IMPORTANT: This form is **ONLY** used to request military records or a veteran's benefit records.

Please complete the attached form to submit a Freedom of Information Act (FOIA) or Privacy Act (PA) request. It must be signed by the requester, veteran or third-party authorized to act on behalf of the requester.

WHAT IS A FOIA REQUEST?
A FOIA request provides the public the right to request access to records from Federal agencies, except those protected by the nine FOIA exemptions. For additional information please visit https://www.va.gov/FOIA/index.asp.

WHAT IS A PA REQUEST?
A citizen of the United States or an alien lawfully admitted for permanent residence may request access to or amendment of records on herself/himself from a System of Records (SORs). Examples of PA records are personal Claims Files (C-File), educational loan, and beneficiary records. For additional information please visit https://www.oprm.va.gov/privacy/.

VERIFICATION OF IDENTITY AND CONSENT FOR PA REQUESTS ONLY
A request must include the following information:

- Your full name;
- Your date of birth;
- Your place of birth;
- Your current mailing address; and
- Handwritten signature is required.

NOTE: To help us locate requested records, please include your Social Security number (SSN) or Alien Registration number (A-number).

WHERE TO SEND YOUR REQUEST:

NOTE: All Privacy Act requests must be sent to the Centralized Support Division address listed below.

RECORDS CUSTODIAN	MAIL or FAX TO
Centralized Support Division **Claim Files, Service Treatment Records/** **Military Treatment Records,** **DD Form 214, C&P Exams etc.**	**Department of Veterans Affairs** **Evidence Intake Center** **PO Box 4444** **Janesville, WI 53547-4444** **Toll-free Phone: 1-800-827-1000** **Toll-free Fax: (844) 531-7818**

OMB Approved No. 2900-0877
Respondent Burden: 5 Minutes
Expiration Date: 08/31/2026

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT (PA) REQUEST

INSTRUCTIONS: Read the Privacy Act and Respondent Burden information on Page 4 before completing the form. This form must be signed by the requester, authorized organization, or third party who has been authorized by the requester. For additional information on VA FOIA and PA requests visit our website at https://www.va.gov/FOIA/Requests.asp. You may also contact us online through Ask VA: https://ask.va.gov/ or call us toll-free at 1-800-698-2411 (TTY: 711). VA forms are available at www.va.gov/vaforms.

SECTION I: REQUEST FOR INFORMATION ON YOURSELF

(If you are seeking information on yourself, complete Sections I, III or IV, VI, VII and VIII. Complete Section VI, if applicable)

NOTE: You may complete the form on-line or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable check box to help expedite processing of the form.

1. NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER *(999-99-9999)*

3. ALIEN REGISTRATION NUMBER *(A-number)* *(If applicable)*

4. VA FILE NUMBER *(If applicable)*

5. DATE OF BIRTH *(MM/DD/YYYY)*
Month Day Year

6. PLACE OF BIRTH *(Provide City and State, County and State or City and Country)*

7. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

8A. TELEPHONE NUMBER *(Include Area Code) ((999) 999-9999)*

Enter International Phone Number *(If applicable)*

8B. FAX NUMBER *(If applicable) ((999) 999-9999)*

Enter International FAX Number *(If applicable)*

9. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA.

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF

(If you are seeking information on an individual other than yourself, complete Sections II, III or IV, V, VII and IX or X. Complete Section VI, if applicable)

10. NAME *(First, Middle Initial, Last)* OR YOUR ORGANIZATION'S NAME

11. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

12A. TELEPHONE NUMBER *(Include Area Code) ((999) 999-9999)*

Enter International Phone Number *(If applicable)*

12B. FAX NUMBER *(If applicable) ((999) 999-9999)*

Enter International FAX Number *(If applicable)*

SOCIAL SECURITY NUMBER *(999-99-9999)* ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF *(Continued)*

(If you are seeking information on an individual other than yourself, complete Sections II, III or IV, V, VII and IX or X. Complete Section VI, if applicable)

NOTE: Items 13 through 16 must be completed to inform VA on whom the person is you are requesting the information about.

13. NAME OF THE PERSON YOU ARE REQUESTING INFORMATION ON *(First, Middle Initial, Last)*

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14. SOCIAL SECURITY NUMBER *(999-99-9999)*	15. ALIEN REGISTRATION NUMBER *(A-number) (If applicable)*	16. VA FILE NUMBER *(If applicable)*
☐☐☐ – ☐☐ – ☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐

SECTION III: COMPENSATION AND PENSION RECORDS REQUEST

(This information is required in order to complete the request)

17. SELECT THE TYPE(S) OF RECORDS YOU ARE REQUESTING, BELOW:

☐ CLAIMS FILE (C-FILE) ☐ SERVICE TREATMENT RECORDS / MILITARY TREATMENT RECORDS ☐ DD FORM 214

☐ DISABILITY EXAMINATIONS *(C & P EXAMS) (If applicable enter date of exam in Section VI, Item 20, Remarks)* ☐ PENSION BENEFIT DOCUMENTS

☐ OFFICIAL MILITARY PERSONNEL FILE *(OMPF)* ☐ OTHER *(Specify):* _____

SECTION IV: ALL OTHER BENEFIT RECORDS REQUEST

(This information is required in order to complete the request)

18. SELECT THE TYPE(S) OF RECORDS YOU ARE REQUESTING, BELOW:

☐ VETERAN READINESS AND EMPLOYMENT RECORDS ☐ FIDUCIARY SERVICES RECORDS

☐ EDUCATION BENEFIT RECORDS ☐ FINANCIAL RECORDS *(If applicable, specify which records are being requested in Section VI, Item 20, Remarks)*

☐ HOME LOAN BENEFIT RECORDS ☐ LIFE INSURANCE BENEFIT RECORDS *(If applicable, enter policy number in Section VI, Item 20, Remarks)*

☐ OTHER *(Specify):* _____

SECTION V: VA REGIONAL OFFICE INFORMATION *(If known)*

19. PROVIDE NAME OF VA REGIONAL OFFICE YOU ARE ASSOCIATED WITH

SECTION VI: REMARKS

20. REMARKS *(If any)*

SECTION VII: WILLINGNESS TO PAY FEES

21. **IMPORTANT:** For the purpose of fees only, FOIA divides requesters into three categories: (1) commercial requesters may be charged fees for searching for records, reviewing the records, and photocopying them; (2) educational, non-commercial scientific institutions, and representatives of the news media are charged for photocopying after the first 100 pages; (3) all other requesters (requesters who do not fall into any of the other two categories) are charged for photocopying after the first 100 pages and for time spent searching for records in excess of two hours. VA charges $0.15 per single-sided page for photocopying. Actual costs are charged for a format other than paper copies.

An agency may grant fee waivers if the requester successfully demonstrates that disclosure of information is in the publics interest because it is likely to contribute significantly to the public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.

☐ **I AM WILLING** TO PAY THE APPLICABLE FEES UP TO THE AMOUNT OF $ ☐☐☐☐.00

☐ IF YOU BELIEVE YOU ARE ENTITLED TO A FEE WAIVER OR EXPEDITED PROCESSING, PLEASE INDICATE:

SOCIAL SECURITY NUMBER *(999-99-9999)* ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION VIII: REQUESTER CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have completed this FOIA/PA request and declare it is true and correct to the best of my knowledge and belief.

22A. REQUESTER'S SIGNATURE ***(REQUIRED) (SIGN IN INK)***	22B. DATE SIGNED *(MM/DD/YYYY)* Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

SECTION IX: THIRD-PARTY CERTIFICATION AND SIGNATURE

(Valid only if Section II has been completed and requester has an authorized third party)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies that the truth and completion of the information contained in this document is to the best of the requesters knowledge and belief.

NOTE: A third-party signature ***will not*** be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third Party* is of record or completed and attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

23A. THIRD-PARTY SIGNATURE *(Sign in ink)*	23B. DATE SIGNED *(MM/DD/YYYY)* Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

SECTION X: POWER OF ATTORNEY *(POA)* CERTIFICATION AND SIGNATURE

(Valid only if Section II has been completed and requester has authorized POA representation)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies the truth and completion of the information contained in this document to the best of the requesters knowledge and belief.

NOTE: A POA's signature ***will not*** be accepted unless a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative* or VA Form 21-22a*, Appointment of Individual as Claimant's Representative* is of record or attached to this request.

24A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE *(Sign in ink)*	24B. DATE SIGNED *(MM/DD/YYYY)* Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

PRIVACY ACT INFORMATION: 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 38, 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, 58VA21/22/28, Compensation, Pension, Education, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: We need this information to identify and obtain the information you are requesting. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.