



pennsylvania
DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

DEPARTMENT OF MILITARY AND VETERANS
AFFAIRS

INQUIRY AND PRIVACY RELEASE FORM

1. Name and Email address					
2. Full Street Address:					
3. City:		4. State:		5. Zip:	
7. Military Service Branch				8. Date of Service:	

9. Please Describe Your Issue and How Our Department Can Assist You (in the box below):
NOTE: Please attach copies of letters, documents, etc... that are pertinent to your issue

- Pursuant to the Privacy Act of 1974 (5 U.S.C § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to the Pennsylvania Department of Military and Veteran Affairs.
- Pursuant to the Privacy Act of 1974 (5 U.S.C § 552a), I hereby authorize Pennsylvania Department of Military and Veteran Affairs to release information about me and relevant to this inquiry to the appropriate legislator or governmental agency requesting the information on my behalf.
- Pursuant to the Privacy Act of 1974 (5 U.S.C § 552a), I understand the use of my social security number aides in the identification of my requested information. I understand my disclosure is voluntary and that failure to provide the above requested information may fail to provide my requested results.

I certify under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true and correct.

10. Signature of Service Member, Veteran or Power of Attorney of Requester (Power of Attorney must have documentation)	
11. Date:	

Instructions for filling out the Department of Military and Veteran's Affairs Privacy Release form:

Block 1 Name: First Name Middle Initial Last Name, Suffix of service member or veteran and an email address for the Requester or Point of Contact

Block 2 Full Street Address: Full Street Address include building number and/or apartment numbers as necessary of service member or veteran in Block 1

Block 3 City: City of the Street Address Provided of service member or veteran in Block 1

Block 4 State: State of the Street Address Provided of service member or veteran in Block 1

Block 5 Zip: 5 digit Zip Code of Street Address provided of service member or veteran in Block 1

Block 6 Contact Phone Number: 10 digit phone number of preferred contact of service member or veteran in Block 1

Block 7 Military Service Branch: Include the Military Branch (Army, Navy, Air Force, Marine, Coast Guard or Space Force) and if applicable component: Reserves (R) or National Guard (NG) for the specific inquiry. If non applicable insert N/A

Block 8 Date of Birth: Date of service - include the service period for the specific inquiry. If non applicable insert N/A

Block 9 Issue Description: Provide a detailed description of your issue and describe to the greatest extent possible how the Department of Military and Veteran's Affairs can assist resolve your issue. Please attach copies of letters, documents, forms, etc... that are pertinent to your issue.

Review each statement and click in each box to provided in order to concur with each privacy release item. Concur in each box to ensure the Department of Military and Veteran's Affairs will be able to retrieve and release your requested records back to you. Clicking in each box and a check mark will appear.

Block 10 Signature of Individual or Power of Attorney of Requester: Sign (digitally or wet ink) in the blank box directly to the right of blocks 10 and 11. IMPORTANT: Power or Attorney must have legal documentation to act as Power of Attorney.

Block 11 Date: Date form upon signature.