Veterans of Foreign Wars of the United States (VFW)
Authorization for Accredited Representatives to Disclose Personal Information to a Third Party

The VFW recognizes and respects the importance of privacy. Personal information that we collect is kept confidential as required by applicable law. In accordance with the Privacy Act of 1974 and applicable data privacy laws, VFW will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information to be shared and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, VFW must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time.

AUTHORIZATION FOR RELEASE OF INFORMATION

1. Veteran Information:

Full Name: _____

Social Security Number: [XXX-XX-XXXX] _____

Address: _____

Phone Number: _____

Email Address: _____

2. Information to be Released:

I authorize the release of the following information: [*please check all that apply*]

- ☐ **Health Information:** [e.g., medical information, treatment history, diagnostic information]
- ☐ **VA Claim Information:** [e.g., claim status, benefits information, payment information, correspondence related to VA claims]

3. Recipient Information:

I authorize the release of the above information to the following entity or individual:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

4. Expiration and Revocation:

I understand that I may revoke this authorization at any time by providing written notice to the VFW.

This authorization is valid until written notice to revoke is received by VFW or upon the occasion that VFW is no longer acting as your accredited VA-representative.

5. Acknowledgment and Consent:

I understand that my health information and VA claim information is protected under federal and state privacy laws and cannot be disclosed without my written consent. By signing this authorization, I consent to the release of the specified information to the recipient listed above.

6. Signatures:

Veteran Signature: _____

Printed Name: [Full Name] _____

Date: [MM/DD/YYYY] _____