



**BEN CARDIN**  
MARYLAND  
United States Senate



**PRIVACY ACT FORM – U.S. DEPARTMENT OF VETERANS AFFAIRS**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin. Carefully read the form and legibly print all information requested. Altered or reproduced forms will not be accepted.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **VA CLAIM #:** \_\_\_\_\_

**BRANCH OF SERVICE:** \_\_\_\_\_ **DATES OF SERVICE:** \_\_\_\_\_

**Please check the box corresponding to the issue that you require assistance with:**

☐ **VA Health Care Issue**      ☐ **VA Claims Assistance**      ☐ **Service Records Request**

**SUMMARY**

On the lines below, please briefly describe the issue and explain how you would like Senator Cardin to assist you. You may also attach additional supporting documents.

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**SIGNATURE**

**Return form by mail:**

U.S. Senator Ben Cardin  
100 S. Charles Street  
Tower 1, Suite 1710  
Baltimore, MD 21201

**Return form by fax:**

(410) 962-4156

**DATE**

**Return form by email:**

casework@cardin.senate.gov