



Privacy Release Form

Full Name:			
First	Middle	Last	Suffix
Date of Birth:/	Primary Telephone:		
Email:	Alternate Telephone:		
Address:		County:	
City:	State:	Zip:	
If applicable, please provide the following infor	mation:		
Federal Agency:	Social Security #:		
VA Claim #:	Medicare #:		
Branch of Service:	Dates of Service:	/ то) /
Passport Application #:	Other Relevant Case	#:	
Other Congressional Office(s) Contacted:			
I hereby authorize your office to request on my the following. (Explain the matter with which Use reverse side if needed. Attach copies of rele	you are seeking assistance as we		
I further authorize, under the provisions of the I permission to disclose information from their re-			

In order to begin the casework process, please return the original, complete, and signed form to the nearest office:

Aberdeen Office 205 6th Avenue SE, Suite 202 Aberdeen, SD 57401 Phone: (605) 225-8823 Fax: (605) 225-1068 Sioux Falls Office 5015 South Bur Oak Place Sioux Falls, SD 57108 Phone: (605) 334-9596 Fax: (605) 334-2591

Rapid City Office 246 Founders Park Drive, Suite 102 Rapid City, SD 57701 Phone: (605) 348-7551 Fax: (605) 348-7208