



Congressman F. James Sensenbrenner, Jr.
Wisconsin – Fifth District



US DEPARTMENT OF VETERANS AFFAIRS
INQUIRY AND PRIVACY RELEASE FORM

(Please Print)

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (H): _____ **Phone (W):** _____

Email: _____ **Date of Birth** _____

Social Security Number or Veteran Claim Number: _____

My claim/ disability is service connected: YES NO

DESCRIBE PROBLEM:

Please include copies of relevant information you have.

I hereby authorize the above mentioned agency to release all relevant portions of my records or relevant information in writing or through discussion pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved.

X _____
Signature of Constituent

Please complete and mail or fax this form to:

Congressman Jim Sensenbrenner
120 Bishops Way, Suite 154
Brookfield, WI 53005
Fax (262) 784-9437

Please contact my District Office in Brookfield at (262) 784-1111 or (800) 242-1119 if you have any questions.