

CONSENT TO RELEASE OF INFORMATION

I give my consent to the National Personnel Records Center (Military Personnel Records), St. Louis, Missouri; to the Department of Veterans Affairs; or any other public or private custodian of (including, but not limited to, hospitals, clinics, and current and former treating physicians), or agency that possesses or controls, my military, veteran, medical, drug or alcohol treatment, Discharge review or Correction Board records and files, to release to Mark R. Lippman, Esq., and the **Veterans Law Group** or to any person designated by the **Veterans Law Group**, all records contained in my files. If these records include information (protected under 38 U.S.C. 7332) regarding drug abuse, infection with immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. 522a(b), and under any other federal or state law or regulation which controls access to my records.

Name (Printed)

Phone number

Signature

Date

PLEASE FILL IN THE GREY SQUARES EXACTLY AS THEY APPEAR ON THE BOARD OF VETERANS APPEALS DECISION.



BOARD OF VETERANS' APPEALS DEPARTMENT OF VETERANS AFFAIRS WASHINGTON, DC 20420

IN THE APPEAL OF

DOCKET NO.

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DATE

On appeal from the
Department of Veterans Affairs Regional Office in

THE ISSUES