

TO: Cheyenne Veterans Benefits Administration (VBA) Office
2360 East Pershing Blvd. Cheyenne, WY 82001
FAX

FROM: _____
(State or County Office submitting the request)

Please fax verification of veteran status and VA disability rating to:

(Fax number of State or County Office submitting the request)

I authorize the U.S. Department of Veterans Affairs to certify my veteran status and disability rating to the above named state or county office.

Veteran's Signature: _____

Veteran's Full Name: _____

Veteran's Social Security Number: _____

Veteran's Mailing Address: _____

City: _____ State: _____

Zip: _____

Privacy Act Notification:

This notification is required by the Privacy Act of 1974 (P.L. 93-597)

The authority for the collection of Social Security Numbers is 42 USC 405 § (c)(2)

Purpose: The purpose of collecting the Social Security Number is to establish identification of individuals who qualify for various Wyoming veterans' benefits.

Uses: Disclosure of this information shall be made to the U.S. Department of Veterans Affairs, Wyoming state agencies, and Wyoming county governments for the establishment of identification. This information may also be disclosed to other agencies in the event of litigation involving relief granted or denied under this program.

This message is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at _____ and return the original message to us at the above address via the United States Postal Service. Thank you.