



PRIVACY AUTHORIZATION RELEASE FORM

Public Law 93-579 (Privacy Act of 1974) prohibits the disclosure of information of a personal nature from the files of an individual without their expressed consent. Accordingly, I hereby grant permission to the Town of Rolesville designated staff member(s) to release information contained in my personal files to appropriate legislators, institutions and foundations for assisting me in obtaining assistance as a Veteran of the United States Armed Services.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Please provide a description of the nature of your request/concern/difficulty. Also, provide a copy (**no originals**) relevant documentation pertinent to your case.

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VA facility currently providing care: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Town of Rolesville  
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