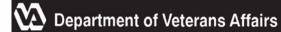
OMB Control No. 2900-0321 Respondent Burden: 5 minutes

1. VA FILE NO(S) (Include prefix)



## APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA.">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA.</a> If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.			
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)		
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS		
6. BRANCH OF SERVICE ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)			
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE			
7B. INDIVIDUAL IS (check appropriate box)  ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)  SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)			
*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630  (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)  The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.			
7C. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A			
7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2			
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No.	o. and street or rural route, city or P.O., State, and ZIP code)		

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS Unless I check the box below, I do not authorize VA to disclose to the individual abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency	named in Item 7A any records	that may be in my file relating to treatment for drug	
I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in Item 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appointment of another representative.			
<b>10. LIMITATION OF CONSENT.</b> My consent in Item 9 for the disclosure of recombination with the human immunodeficiency virus (HIV), or sickle cell anemia is limited		g abuse, alcoholism or alcohol abuse, infection	
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S  Unless I check the box below, I do not authorize the individual named in Item 7.  I authorize the individual named in Item 7A to act on my behalf to change my with out my further written consent. This authorization will remain in effect written revocation with VA; or (2) I revoke the appointment of the interpresentative.	A to act on my behalf to change address in my VA records. The tuntil the earlier of the follow	my address in my VA records.  is authorization does not extend to any other individual ving events: (1) I revoke this authorization by filing a	
CONDITIONS O	F APPOINTMENT		
I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as from the Department of Veterans Affairs (VA) based on the service of the veteran as the scope of representation provided before VA may be limited by the agent or attor representation under 14.630, such representation is limited to a particular claim only 9 and 10) to that individual appointed as my representative, and if the individual in I individually named administrative employees of my representative:	amed in Item 4. If the individua ney as indicated below in Item . I authorize VA to release any	I named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items	
Signed and accepted subject to the foregoing conditions.			
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)	
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS O previously existing powers of attorney)	 NLY (Unless limited by an age	 nt or attorney, this power of attorney revokes all	
16. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE	
<b>FEES:</b> Section 5904, Title 38, United States Code, contains provisions regarding for connection with a proceeding before the Department of Veterans Affairs with respec			