OMB Approved No. 2900-0877
Respondent Burden: 5 Minutes
Expiration Date: 10/31/2023

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT(PA) REQUEST

INSTRUCTIONS: Read the Privacy Act and Respondent Burden information on Page 4 before completing the form. This form must be signed by the requester, authorized organization, or third party who has been authorized by the requester. For additional information on VA FOIA and PA requests visit our website at https://www.va.gov/FOIA/Requests.asp . You may also contact the VA at https://iris.custhelp.va.gov or call us toll-free at 1-800-827-1000. If you use a Telecommunications device for the deaf (TDD),the Federal Relay number is 711. VA forms are available at www.va.gov/vaforms.

SECTION I: REQUEST FOR INFORMATION ON YOURSELF

(If you are seeking information on yourself, complete Sections I, III, V and VI. Complete Section IV, if applicable.)

NOTE: You may complete the form on-line or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable circle to help expedite processing of the form.

1. NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

3. ALIEN REGISTRATION NUMBER (A-number) (If applicable)

4. VA FILE NUMBER (If applicable)

5. DATE OF BIRTH

6. PLACE OF BIRTH (Provide City and State, County and State or City and Country)

7. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

8A. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

8B. FAX NUMBER (If applicable)

Enter International FAX Number (If applicable)

9. E-MAIL ADDRESS

☑ I agree to receive electronic correspondence from VA in regards to my claim.

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF

(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)

10. NAME (First, Middle Initial, Last) OR YOUR ORGANIZATION'S NAME

11. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country US

ZIP Code/Postal Code

12A. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

12B. FAX NUMBER (If applicable)

Enter International FAX Number (If applicable)

SOCIAL SECURITY NUMBER **250-27-8300**

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF (Continued)

(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)

NOTE: Items 13 through 16 must be completed to inform VA on whom the person is you are requesting the information about.

13. NAME OF THE PERSON YOU ARE REQUESTING INFORMATION ON (First, Middle Initial, Last)

14. SOCIAL SECURITY NUMBER	15. ALIEN REGISTRATION NUMBER (A-number) (If applicable)	16. VA FILE NUMBER (If applicable)

SECTION III: RECORDS YOU ARE SEEKING

(This information is required in order to complete the request)

17. SELECT THE TYPE(S) OF RECORDS YOU ARE REQUESTING, BELOW:

- [x] CLAIMS FILE (C-FILE)
- [ ] SERVICE TREATMENT RECORDS / MILITARY TREATMENT RECORDS
- [ ] VOCATIONAL REHABILITATION AND EMPLOYMENT RECORDS
- [ ] PENSION BENEFIT DOCUMENTS
- [ ] DD FORM 214
- [ ] LIFE INSURANCE RECORDS
- [ ] FIDUCIARY SERVICES RECORDS
- [ ] EDUCATION BENEFIT RECORDS
- [ ] HUMAN RESOURCE RECORDS
- [ ] HOME LOAN BENEFIT RECORDS
- [ ] MILITARY TO CIVILIAN TRANSITION (TAP) DOCUMENTS
- [ ] FINANCIAL RECORDS
- [ ] LIFE INSURANCE BENEFIT RECORDS (If applicable, enter policy number in Section IV, Item 18, Remarks)
- [ ] DISABILITY EXAMINATIONS (C & P EXAMS) (If applicable enter date of exam in Section IV, Item 18, Remarks)
- [x] OTHER (Specify)

See item 18 (Remarks).

SECTION IV: REMARKS

18. REMARKS (If any)

In additional to my C-file, I seek all documents in possession of, or reasonably attainable by, VA or its C&P exam contractors relating to the competency, education, training, and expertise of the medical providers who conducted my C&P disability examinations in April 2020 (by QTC), and any exams conducted after this request was made. At a minimum, I should receive the most recent curriculum vitae (CV) of the C&P examiners; however, do not limit the scope of the documents I seek to only the CV. I am entitled to this information by statute (38 USC 5103A) and by case law (Francway v. Wilkie, 940 F.3d 1304 (2019)).

SECTION V: WILLINGNESS TO PAY FEES

19. **IMPORTANT**: For the purpose of fees only, FOIA divides requesters into three categories: (1) commercial requesters may be charged fees for searching for records, reviewing the records, and photocopying them; (2) educational, non-commercial scientific institutions, and representatives of the news media are charged for photocopying after the first 100 pages; (3) all other requesters (requesters who do not fall into any of the other two categories) are charged for photocopying after the first 100 pages and for time spent searching for records in excess of two hours. VA charges $0.15 per single-sided page for photocopying. Actual costs are charged for a format other than paper copies.

An agency may grant fee waivers if the requester successfully demonstrates that the disclosure of information is in the publics interest because it is likely to contribute significantly to the public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.

- [x] **I AM WILLING** TO PAY THE APPLICABLE FEES UP TO THE AMOUNT OF $ **10** .00
- [ ] IF YOU BELIEVE YOU ARE ENTITLED TO A FEE WAIVER OR EXPEDITED PROCESSING, INDICATE HERE:

SOCIAL SECURITY NUMBER **250-27-8300**

SECTION VI: REQUESTER CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have completed this FOIA/PA request and declare it is true and correct to the best of my knowledge and belief.

20A. REQUESTER'S SIGNATURE *(REQUIRED)*	20B. DATE SIGNED Month Day Year
[redacted]	[redacted]

SECTION VII: THIRD-PARTY CERTIFICATION AND SIGNATURE
(Valid only if Section II has been completed and requester has an authorized third party)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies that the truth and completion of the information contained in this document is to the best of the requesters knowledge and belief.

NOTE: A third-party signature will not be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third Party* is of record or completed and attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

21A. THIRD-PARTY SIGNATURE	21B. DATE SIGNED Month Day Year

SECTION VIII: POWER OF ATTORNEY (POA) CERTIFICATION AND SIGNATURE
(Valid only if Section II has been completed and requester has authorized POA representation)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies the truth and completion of the information contained in this document to the best of the requesters knowledge and belief.

NOTE: A POA's signature ***will not*** be accepted unless a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative* or VA Form 21-22a, *Appointment of Individual as Claimant's Representative* is of record or attached to this request.

22A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE)	22B. DATE SIGNED Month Day Year

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

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, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: We need this information to identify and obtain the information you are requesting. Title 38, United States Code, allows us to ask for this information. We estimate that you will 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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.