OMB Control No. 2900-0321
Respondent Burden: 5 Minutes
Expiration Date: 7/31/2026

Department of Veterans A	ffairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPOINTMENT OF INDIVIDU					
INSTRUCTIONS : Before completing the form, read the Privacy Act and Respondent Burden on Page 3. The VA Office of General Counsel maintains a list of all attorneys, claims agents, and Veterans Service Organization (VSO) representatives accredited by VA to assist in preparing, presenting, and prosecuting claims for VA benefits at: https://www.va.gov/ogc/apps/accreditation/index.asp . You can search this list by name, state, or zip code. We recommend you use the list to confirm and validate VA accreditation before signing any contract or appointing someone to represent you on your VA benefits claim. If you prefer to have a VSO assist you with your claim instead of an individual, complete, VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> . For more information, you can contact us through Ask VA: https://ask.va.gov/ , or call us toll-free at 800-827-1000 (TTY:711). VA forms are available at www.va.gov/vaforms . After completing the form, use the mailing addresses provided on Page 3.					
SE	CTION I: VETER	AN'S IDENTIFICATION II	NFORMATION		
NOTE : You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form. 1. VETERAN'S NAME (First, Middle Initial, Last)					
2. SOCIAL SECURITY NUMBER (SSN) 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYY			OF BIRTH (MM/DD/YYYY)		
5. SERVICE NUMBER (If applicable) 6. BRANCH OF SERVICE ARMY NAVY ARMY NAVY ARMY OPACE FORCE MARINE CORPS COAST GUARD					
7. MAILING ADDRESS (Number and street or rural r No. & Street	route, city or P.O., Sta	te and ZIP Code)			
Apt./Unit Number	City				
State/Province Country ZIP Code/Postal Code -					
8. TELEPHONE NUMBER (Include Area Code)		9. E-MAIL ADDRESS (Option	nal)		
Enter International Phone Number					
(If applicable) SECTION II: CLAIMANT'S INFORMATION (If other than veteran)					
10. CLAIMANT'S NAME (First, Middle Initial, Last)					
11. CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY)		12. RELATIONSHIP TO VETER	RAN		
13. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) No. & Street					
	City				
State/Province Country ZIP Code/Postal Code -					
14. TELEPHONE NUMBER (Include Area Code)		15. EMAIL ADDRESS (Optional	l)		
Enter International Phone Number (If applicable)					
SECTION III: APPOINTED REPRESENTATIVE'S INFORMATION					
16A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE (First, Middle Initial, Last)					
16B. INDIVIDUAL IS (check appropriate box) ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (*See required statement below. Signatures are required in Items 17A and 18A) SERVICE ORGANIZATION REPRESENTATIVE(Specify organization)					
U 1					

VETERAN'S SOCIAL SECURITY NO.

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16C. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (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 -					
16D. TELEPHONE NUMBER OF INDIVIDUAL APPOINTED AS 16E. EMAIL ADDRESS OF INDIVIDUAL CLAIMANT'S REPRESENTATIVE (Include Area Code) (Optional)	L APPOINTED AS CLAIMANT'S REPRESENTATIVE				
Enter International Phone Number (If applicable)					
*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630					
(Skip to Item 19, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 16B)					
NOTE: An individual acting as representative under 38 C.F.R. 14.630 may not represent more than one claimant on been granted by the Department of Veterans Affairs' (VA) General Counsel.	a single claim unless an exception to that limitation has				
The appointment of the individual named in Item 16A (the representative) authorizes that person to represent the individual named in Item 1 or 10(if other than veteran) is for a particular claim pursuant to the provisions of 38 C.F.R. 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged by or paid for the individual named in Item 16A.					
17A. SIGNATURE OF VETERAN NAMED IN ITEM 1 OR CLAIMANT IN ITEM 10 (Required only for representation under 14.630)	n 17B. DATE SIGNED (MM/DD/YYYY)				
18A. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 16A (Required only for representation under 14.63)	0) 18B. DATE SIGNED (MM/DD/YYYY)				
SECTION IV: AUTHORIZATION INFORMA	TION				
19. AUTHORIZATION FOR DISCLOSURE TO AFFILIATED PERSONNEL (Optional)					
If the individual in Item 16A is an accredited agent or attorney who has been approved by VA for access to VA information technology (IT) systems in accordance with 38 CFR 1.600 to 1.603, I AUTHORIZE VA to disclose all of my records (other than as provided in Items 20 and 21) to the associate attorneys, claims agents, and support staff affiliated with my representative. Provide the name of the firm/organization here:					
If the individual in Item 16A is an accredited agent or attorney, I AUTHORIZE VA to disclose all my records (other than as provided in Items 20 and 21) to the following individuals named as administrative employees of my representative. This applies to disclosures, outside of those made via access to VA electronic IT systems contemplated by 38 CFR 1.600 to 1.603. Provide the names of the individuals here:					
20. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38 U.S.C. (Note: Unless I check the box below, I do not authorize VA to disclose to the individual named in Item 16A any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse infection with the human immunodeficiency virus (HIV), or sickle cell anemia.					
I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in Item 16A, and the firm/organization/individual(s) named in Item 19 (if approved by VA for affiliated access) all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of 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 16A, either by explicit revocation or the appointment of another representative.					
21. LIMITATION OF CONSENT. My consent in Item 20 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:					
22. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE C Unless I check the box below, I do not authorize the individual named in Item 16A to act on my behalf					
I authorize the individual named in Item 16A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual 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 16A, either by explicit revocation or the appointment of another representative.					

VETERAN'S SOCIAL SECURITY NO.

CONDITIONS OF APPOINTMENT I, the veteran named in Item 1 or the claimant named in Item 10, hereby appoint the individual named in Item 16A as my representative to prepare, present, and prosecute my claims for any and all benefits from VA based on the service of the veteran named in Item 1. If the individual named in Item 16A is an accredited agent or attorney, the scope of representation provided before VA may be limited by the agent or attorney as indicated below in Item 24. I authorize VA to disclose any and all of my records (other than as provided in Items 20 and 21) to that individual appointed as my representative and as indicated in Item 19. Signed and accepted subject to the foregoing conditions.					
23A. SIGNATURE OF VETERAN/CLAIMANT (Required)	23B. DATE SIGNED (MM/DD/YYYY)				
24. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (previously existing powers of attorney)	Unless limited by an agent or attorney, this power of attorney revokes all				
25A. SIGNATURE OF REPRESENTATIVE (Required)	25B. DATE SIGNED (MM/DD/YYYY)				
FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department. 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.					
Documents may be submitted by mail, in person at a VA regional office or electronically as this is the fastest method of receipt.	electronically. However, VA recommends submitting correspondence				
VA provides several tools to assist in electronic submission. To learn more about I <u>www.va.gov/disability/upload-supporting-evidence</u> . You can also go directly to <u>acc</u>	how to submit documents and claims electronically, visit <u>ess.va.gov</u> to digitally upload any correspondence using Direct Upload.				
By visiting <u>www.va.gov</u> you can also check your claims status and learn about other VA benefits.					
If you prefer to mail your correspondence, please use the related mailing address	below.				
COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS				
Department of Veterans Affairs	Department of Veterans Affairs				
Evidence Intake Center	Pension Intake Center				
PO Box 4444	PO Box 5365				
Janesville, WI 53547-4444	Janesville, WI 53547-5365				
FIDUCIARY	BOARD OF VETERANS' APPEALS				
Department of Veterans Affairs	Department of Veterans Affairs				
Fiduciary Intake	Board of Veterans' Appeals				
PO Box 95211	PO Box 27063				
Lakeland, FL 33804-5211	Washington, DC 20038				
 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. 5903, and 5904) and for those individuals to accept appointment. We will also use the information. We estimate that claimants and individuals appointed for purposes of 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 con					