



**VA DATE STAMP**  
**(DO NOT WRITE IN THIS SPACE)**

## APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

**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, *Appointment of Veterans Service Organization as Claimant's Representative*. 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](http://www.va.gov/vaforms). After completing the form, use the mailing addresses provided on Page 3.

### SECTION I: VETERAN'S IDENTIFICATION INFORMATION

**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/YYYY)

5. SERVICE NUMBER (If applicable)

6. BRANCH OF SERVICE

- ARMY       NAVY       AIR FORCE       MARINE CORPS       COAST GUARD  
 SPACE FORCE       NOAA       USPHS

7. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

No. &

Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

8. TELEPHONE NUMBER (Include Area Code)

9. E-MAIL ADDRESS (Optional)

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 VETERAN

13. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

No. &

Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

14. TELEPHONE NUMBER (Include Area Code)

15. EMAIL ADDRESS (Optional)

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)

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 CLAIMANT'S REPRESENTATIVE (Include Area Code)	16E. EMAIL ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (Optional)
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 a single claim unless an exception to that limitation has been granted by the Department of Veterans Affairs' (VA) General Counsel.

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)	17B. DATE SIGNED (MM/DD/YYYY)
	— —

18A. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 16A (Required only for representation under 14.630)	18B. DATE SIGNED (MM/DD/YYYY)
	— —

**SECTION IV: AUTHORIZATION INFORMATION**

19. AUTHORIZATION FOR DISCLOSURE TO AFFILIATED PERSONNEL

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 CLAIMANT'S ADDRESS**  
 Unless I check the box below, I do not authorize the individual named in Item 16A to act on my behalf to change my address in my VA records.

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.

**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** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)

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. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit [www.va.gov/disability/upload-supporting-evidence](http://www.va.gov/disability/upload-supporting-evidence). You can also go directly to [access.va.gov](http://access.va.gov) to digitally upload any correspondence using Direct Upload.

By visiting [www.va.gov](http://www.va.gov) 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.

<b>COMPENSATION CLAIMS</b>	<b>PENSION &amp; SURVIVORS BENEFIT CLAIMS</b>
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365
<b>FIDUCIARY</b>	<b>BOARD OF VETERANS' APPEALS</b>
Department of Veterans Affairs Fiduciary Intake PO Box 95211 Lakeland, FL 33804-5211	Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 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. 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 [www.reginfo.gov/public/do/PRAMain](http://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.