MILITARY AWARDS AND RECORDS REQUEST FORM

Office of Congressman John B. Larson

Phone: 860-278-8888 / Website: larson.house.gov

Please complete this form and return it to:
221 Main Street, 2nd Floor, Hartford, CT 06106
Fax: 860-278-2111

The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.

Requestor's Name: _____	**Please specify the nature of your request:**
Address: _____	☐ Request for Vietnam Veteran Lapel Pin
City/State/Zip: _____	☐ Other: _____
Phone: _____	
Work/Cell: _____	
Email: _____	
☐ Check here to sign up for our e-newsletter	

Military Awards and Records Request

Veteran's Full Name: _____

DOB: _____

Branch of Service: _____

Dates of Service: _____

Please Select all that apply:

☐ I agree to let Congressman Larson (and/or his staff) publish a photograph and/or quotation attributed to me.

☐ I agree to let Congressman Larson (and/or his staff) discuss my case with the news media, or to promote Congressman Larson's constituent services through publication, broadcast or distribution via other means to the public. This authorization includes the disclosure of written or verbal statements, photographs, and audio/video recordings. I understand that I may be identified by name in connection with the public use of this information, which may include Protected Health Information under the health Insurance Portability and Accountability Act (HIPAA).

By signing this form, you authorize the disclosure of the information above.
You have a right to refuse to sign this form.

I certify that:

☐ I am a U.S. Citizen

☐ I am a resident of Connecticut's 1st Congressional District

☐ I have not been convicted of a crime; and

☐ I have not been compensated for this testimony and have contributed it willingly

I, _____, authorize Congressman John Larson and his staff to grant and obtain personal records, files, and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time. I release them from any liability that may arise by furnishing the requested information.

Signature: _____ **Date:** _____

(Signature of primary constituent receiving assistance - Third party signatures are not accepted)