Veterans' Legacy Foundation

PRIVACY ACT RELEASE

I hereby authorize the Veterans' Legacy Foundation to research and make inquiries on my behalf regarding:

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Signed_____**Date**_____

Please Print Name: _____

Veteran's Social Security/Serial Number:_____

Address: _____

_____

Phone:_____ **Work Phone:**_____

Cell Phone:_____ **Email:**_____

(Completed by office staff)

VLF Case Worker:_____

VLF Form 6-2, Version 1.4

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