

[Your Name/Representative Name]  
[Organization Name, if applicable]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

Department of Veterans Affairs  
Evidence Intake Center  
P.O. Box 4444  
Janesville, WI 53547-4444

**RE: Notice of Representation**

Veteran Name: [Veteran's Full Name]  
VA File Number/SSN: [Veteran's SSN or File Number]  
Date of Birth: [Veteran's DOB]

To Whom It May Concern:

Please be advised that I have been retained to represent the above-named Veteran in connection with their claims for benefits before the Department of Veterans Affairs.

Attached to this letter, please find the following executed documents:

- 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)
- VA Form 21-4142 / 21-4142a (Authorization to Disclose Information)

I request that copies of all future correspondence, notices, and decisions regarding the Veteran's claims be sent directly to my office at the address listed above. Please provide a complete copy of the Veteran's Claims File (C-File) to me via [CD/Digital Download/Mail] at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

[Signature]  
[Printed Name]  
[Title/Accreditation Number]