

[Your Name/Organization Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Letter of Representation and Request for Claims File (C-File)

Veteran Name: [Veteran's Full Name]
VA File Number: [VA File Number]
Social Security Number: [Veteran's SSN]
Date of Birth: [Veteran's Date of Birth]

To Whom It May Concern,

Please be advised that I have been retained to represent the above-named Veteran in matters regarding their claims for benefits before the Department of Veterans Affairs. Attached to this letter, please find a completed 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).

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a) and 38 U.S.C. § 5701, I hereby formally request a complete and legible copy of the Veteran's entire Claims File (C-File). This request includes, but is not limited to:

- All service treatment records (STRs) and personnel records.
- All VA medical records and private medical records provided to the VA.
- All Rating Decisions, Statements of the Case (SOC), and Supplemental Statements of the Case (SSOC).
- All C&P (Compensation and Pension) Examination reports.
- All correspondence, applications, and evidence submitted to or generated by the VA.
- Electronic records and "RBA" (Record Before the Agency) materials.

Please provide these records in digital format (CD or secure electronic transfer) if possible. If there are any fees associated with this request, please notify me before processing if the cost exceeds \$[Amount].

Thank you for your prompt attention to this matter. Please direct all future correspondence regarding this claim to my office at the address listed above.

Sincerely,

[Signature]

[Your Printed Name]

[Title/Capacity]

Enclosures: Signed VA Form 21-22 or 21-22a