DEPARTMENT OF VETERANS AFFAIRS
POLICE SERVICE
1400 BLACKHORSE HILL ROAD
COATESVILLE, PA 19320

REQUEST FOR AND CONSENT TO RELEASE VA POLICE REPORTS

Note: The execution of this form does not authorize the release of information other than specifically described below. Open criminal cases will only be released in accordance with the Privacy Act & Freedom of Information Act.

NAME: _____, _____, _____
LAST FIRST M.I.

LAST FOUR OF SOCIAL SECURITY NUMBER: _____

DATE OF POLICE REPORT: _____

PURPOSE FOR WHICH INFORMATION IS TO BE USED:

_____

_____

_____

INFORMATION TO BE: (circle one) MAILED PICKED UP

MAILING ADDRESS: _____

_____

_____

SIGNATURE: _____ DATE: _____

(Failure to provide requested information could result in a delay in processing this request.)

NOTE: THIS INFORMATION WILL BE PROCESSED IN TEN (10) WORKING DAYS. IF THIS INFORMATION CANNOT BE PROVIDED TO YOU WITHIN THIS TIME FRAME, YOU WILL BE NOTIFIED.

RELEASED BY: _____ DATE: _____