

Department of Veterans Affairs		APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE			
Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."					
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM					
1. LAST-FIRST-MIDDLE NAME OF VETERAN Tkachuk Kostya			2. VA FILE NUMBER (Include prefix) 123122		
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) Name of service yep					
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Veterans' Service Officers					
INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES					
4. SOCIAL SECURITY NUMBER 222-33-1234			5. INSURANCE NUMBER(S) (Include letter prefix) 123asd123		
6A. SERVICE NUMBER(S) 123123			6B. BRANCH OF SERVICE 123		
7. NAME OF CLAIMANT (If other than veteran) Kostya			8. RELATIONSHIP (If other than veteran) Me		
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) address something street something 234 123			10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)		
			A. DAYTIME (12)		B. EVENING (123)
			11. DATE OF THIS APPOINTMENT 11/11/2020		
12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.					
<input checked="" type="checkbox"/> I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Rediscovery of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.					
13. LIMITATION OF CONSENT - My consent in Item 12 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows: I authorize the service organization listed in Block 3A to release information to the North Carolina Division of Veterans' Affairs and County Veterans' Service Officers in the county of my residence concerning my VA affairs.					
I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. <i>Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match.</i> Signed and accepted subject to the foregoing conditions.					
THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC					
14. SIGNATURE OF CLAIMANT (Do Not Print)			15. DATE SIGNED 11/11/2020		
VA USE ONLY	VA FORM 21-22-1 SENT TO: <input checked="" type="checkbox"/> CER FILE <input checked="" type="checkbox"/> EDU FILE <input checked="" type="checkbox"/> INSURANCE FILE <input checked="" type="checkbox"/> LG FILE <input type="checkbox"/> CH. 30 <input checked="" type="checkbox"/> DEA FILE		DATE SENT 10/18/2021	ACKNOWLEDGED (Date) 10/18/2021	REVOKED (Reason and date) For no reason 10/18/2021
NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.					