

Exhibit 15

TRANSMISSION VERIFICATION REPORT

TIME : 06/05/2018 09:20  
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SER.# : BROA6J590649

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June 5, 2018

VIA FAX: (844) 822-5246

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

Attention: Privacy Act Office

Re: Stanley Kressin, VA Claim No: [REDACTED]

Dear Sir or Madam:

Our office has just been asked to represent the above named claimant. Enclosed please find the signed 21-22a form. In order to assist this claimant, please send us a complete copy of the veteran's C File; a copy of the signed request is enclosed.

This is a formal request for this file on behalf of my client pursuant to the Freedom of Information Act (FOIA), 5 U.S.C § 552, as well as the Privacy Act 5U.S.C § 522(a)(d)(1). The