

United States Senate

WASHINGTON, DC 20510

PRIVACY ACT CONSENT FORM

DATE: _____

TO WHOM IT MAY CONCERN:

I am aware the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim.

Constituent Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Phone: _____

Agency: _____

Case/Claim: _____

Social Security #: _____

Date of Birth: _____

Signature(s): _____

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list the third party name(s) here: _____

Briefly identify the difficulty you are having (attach additional pages if needed):

Please include copies of any documentation you may have which would help expedite this inquiry. Please do not send original documents.