



PRIVACY RELEASE FORM

Due to the enactment of the “Right to Privacy Act,” it is necessary for you to complete and sign this form authorizing our office to obtain information needed to respond to your request for assistance. The information obtained should be only that which is related to the issue you presented to our office.

Name: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Cell: _____ Work: _____

Social Security Number: _____ Date of Birth: _____

Please provide any agency case numbers that reference your case (i.e. Tax ID No., Veterans Administration Claim No., Alien Registration No., Military ID No.) _____

Please explain the nature of your issue and attach any correspondence which supports this statement or which relates to your case: (If necessary, use additional paper.) _____

Please state the outcome you are seeking: _____

I understand that for you to respond fully to my request, it may be necessary for your office to review federal records which may contain information you may need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to your office such information as you may require.

Further, by signing this form, I understand that your office HAS NOT ACCEPTED my case and that upon review of this form, your office will determine whether or not my case will be accepted and advise me of such.

Signature: _____ Date: _____