Privacy Act Release Form

General Form

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

NAME:_____

ADDRESS:_____

_____

_____

TELEPHONE:_____

SOCIAL SECURITY NUMBER:_____

CLAIM NUMBER:_____

DESCRIPTION OF PROBLEM/REQUEST FOR ASSISTANCE:

_____

_____

_____

_____

_____

_____

_____

_____
Signature

_____
Date