

PRIVACY RELEASE FORM

Please return completed Privacy Act Release Form to any of my state offices.

Due to provisions of the Privacy Act of 1974 (5 USC 552a), I must have your written permission before I can make an inquiry on your behalf and/or receive any information to complete your request.

Date: _____

Dear Max,

I authorize you to make inquiries to the appropriate parties on my behalf.

Signature: _____

Name (Mr. Mrs. Ms.) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

(Cell): _____ (Fax): _____

(SSA#)(File#)(Case#) (LIN or A#): _____

Date of Birth: _____

Please state your request and a brief explanation below. Attach any documentation which might help resolve your problem. Please print or type.

(Please attach additional pages if necessary)