

United States Senate

WASHINGTON, DC 20510-2002

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information relating to my file to be furnished to Senator Paul Sarbanes.

(Please print)

Name (in full): _____

Complete Address: _____

Phone: (day) _____ (night) _____

Please provide the following information -- nature of your request for assistance, agency involved and identifying numbers, where appropriate, for cases dealing with Social Security, Office of Personnel Management, Internal Revenue Service, Military Personnel, Department of Labor and EEOC:

Agency: _____

Civil Service Claim Number: _____

Department of Labor Claim Number: _____

Social Security Number: _____

Veteran Claim Number: _____

Military Personnel -- In addition to Social Security Number:

Rank _____

Branch of Service _____

Home of Record _____

Additional identifying numbers _____

Nature of Request: _____

Signature