

**Consent for Privacy Act Release of Personal Records**

To whom it may concern:

I have sought assistance from Congressman Ralph Regula on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Ralph Regula or any authorized member of his staff until the matter is resolved.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number and/or other Government #-VA Claim #, USCIS #, OWCP #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Description of problem you are having and/or agency you need assistance with)

Please mail your request to: 4150 Belden Village St. N.W. Suite 408 Canton, Ohio 44718.  
Or you may fax it directly to: 330-489-4448.

Congressman Ralph Regula  
16<sup>th</sup> Congressional District