Privacy Release Form for Senator Craig Thomas Date I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the ______(Name of the Federal Agency) to provide information on my claim/case to Senator Craig Thomas. (Signature) (Social Security Number) (Social Security Number) (Signature) Your Social Security Number is used by the Social Security Administration, the Department of Veteran's Affairs, or any other agency which requires that information. Identification Number or File Number: PROBLEM: On an attached page, please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. Make your request for assistance as specific as possible. This will enable Senator Thomas to better understand your needs in his efforts to assist you. **OPTIONAL** Mailing Address: Telephone Number: (Home) (Work)