

CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES

I seek the assistance of Congressman Ed **Whitfield** regarding a matter that may require the release of confidential information protected from dissemination under the PRIVACY ACT OF 1974. I authorize the release of all information from my records and permit Congressman Ed **Whitfield**, or any authorized member of his staff, to make inquiries on my behalf.

Signature of Claimant:

Date

Social Security #

Date of Birth:

Name (print):

Home Phone:

Address:

Work Phone:

County:

Claim Number:

Date Filed:

Please describe your problem and current status of your claim:

Please send this form to: Congressman Ed Whitfield

1403 South Main

Hopkinsville, KY 42240

Fax 270-885-8598

Please call 800-328-5629 if you have questions.