



CONGRESSMAN SANDER LEVIN

Representing the 12th District of Michigan

Privacy Act Release Form

In order to open a case on your behalf, you must complete this form and return it to my Roseville office. You should also include copies of any relevant documents, but please send only copies of your documents. Please fill all blanks which apply. You may fill this form online and then print it to sign, or you may print the blank form and complete it at your convenience.

Full Name: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip+4: _____

Daytime Phone: _____

Other Phone: _____

E-Mail Address: _____

Agency with which you are having a problem: _____

Social Security Number: _____

Alien Registration Number: A _____

Veteran's Claim Number: _____

Military I.D. Number: _____

Branch of Service: _____ Dates of Service: _____

Other Case or Claim Numbers: _____

Briefly explain your problem or the information you are requesting:

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. I agree to allow Congressman Sander Levin or any member of his staff access to any records relating to the problem described above.

Signature: _____ Date: _____

For assistance in completing this form please phone (586) 498-7122

This form may be returned by fax to: (586) 498-7123

or mail it to: **Congressman Sander Levin, 27085 Gratiot Avenue, Roseville, MI 48066**