For Office Use Only

relative to my claim-case.

Case Code: Case #:



WASHINGTON, DC 20510-4802

STATE OFFICE:

405 CAPITOL STREET, SUITE 508 CHARLESTON, WV 25301 (304) 347-5372 FAX: (304) 347-5371

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220 NORTH KANAWHA STREET, SUITE 1 BECKLEY, WV 25801 (304) 253–9704 FAX: (304) 253-2578

I am aware that the Privacy Act of 1974 prohibits the release of information in my LASTERN REGIONAL OFFICE: 217 WEST KING STREET, SUITE 307

TO WHOM IT MAY CONCERN:

file without my approval. I authorize the agency and/or department listed below to provide Martinsburg, WV 25401 (304) 262-9285 Fax: (304) 262-9288 information on my claim/case to Senator Rockefeller. Agency/Department: CONSTITUENT INFORMATION (Please type or print) Signature (Required): _____ Date: ____ Social Security or Claim # _____ E-Mail Address: ___ (Please type or print) Mailing Address: (Post Office Box or Street Address) City, State, Zip Code: _____ Daytime Telephone: _____ Cellular: ____ If you wish information to be provided to parent, child, attorney, or other interested party, please complete the following information: (Please type or print) Mailing Address: _____ (Post Office Box or Street Address) City, State, Zip Code: _____ Daytime Telephone: I authorize the following individual(s) to receive information from Senator Rockefeller,

PLEASE RETURN THIS FORM TO:

Signature (Required): ______ Date: _____

The Honorable John D. Rockefeller IV 405 Capitol Street, Suite 508 Charleston, West Virginia 25301 (304) 347-5372

http://rockefeller.senate.gov