

# Consent for Release of Personal Records By Executive Agencies

Name of Agency: \_\_\_\_\_

To Whom It May Concern:

I have sought assistance from Congressman J. Randy Forbes 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 J. Randy Forbes or any authorized member of his staff until this matter is resolved.*

\_\_\_\_\_  
**Full Name (PRINT)**

\_\_\_\_\_  
**► Signature of Claimant (SIGN)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City, State and Zip Code**

\_\_\_\_\_  
**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**VA/Other Claim Number (if applicable)**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Cell Number**

\_\_\_\_\_  
**Date**

Please return this form to: **Congressman J. Randy Forbes (c/o nearest office)**

<b><u>Emporia</u></b> 425-H South Main Street Emporia, VA 23847 Ph: (434) 634-5575 Fax: (434) 634-0511	<b><u>Chesapeake</u></b> 505 Independence Pkwy, Ste. 104 Chesapeake, VA 23320 Ph: (757) 382-0080 Fax: (757) 382-0780	<b><u>Colonial Heights</u></b> 2903 Boulevard Colonial Heights, VA 23834 Ph: (804) 526-4969 Fax: (804) 526-7486
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*(If you have not done so already, please include a letter detailing your request of Congressman Forbes)*