## Privacy Release

U.S. SENATOR PETE V. DOMENICI

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DATE

Please print. Answer form completely.

SIGNATURE

DATE			
NAME - LAST	FIRST	INITIAL	
PERMANENT ADDRESS			
CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE		
OCCIAL OFCURITY NUMBER			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
D 11			
Problem:			
Due to the enactment of the	e "Right To Privacy our request and for	Act", it is necessary the assistance relative to t	nat you complete and sign this form authorizing us to obtain informa- he problem you presented to this office.
United States Senator Pete V to assist me.	/. Domenici and/or	r his staff has my perm	ission to make inquiries into my personal records or files as necessary