Casework Authorization & Privacy Act Release Form

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize _____ (name of government agency) to provide information on my claim/case to Congressman Kind and/or his staff. I authorize Congressman Kind and/or his staff to forward information provided by me to the above agency unless I request otherwise in writing.

_____

Signature & Date

Name: _____

Address: _____

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_____

Telephone Number _____

Date of Birth _____

Social Security Number _____

NATURE OF PROBLEM: Please provide a detailed background description of the problem and attach any supporting documents, letters, etc.

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