

STEVE COHEN  
9TH DISTRICT, TENNESSEE

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167 NORTH MAIN STREET  
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MEMPHIS, TN 38103

TELEPHONE: (901) 544-4131  
FAX: (901) 544-4329

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-4209**

COMMITTEE ON  
TRANSPORTATION AND  
INFRASTRUCTURE

SUBCOMMITTEES:  
AVIATION  
HIGHWAYS AND TRANSIT  
ECONOMIC DEVELOPMENT,  
PUBLIC BUILDINGS AND EMERGENCY  
MANAGEMENT

COMMITTEE ON THE JUDICIARY

SUBCOMMITTEES:  
CONSTITUTION, CIVIL RIGHTS, AND  
CIVIL LIBERTIES  
COURTS, THE INTERNET, AND  
INTELLECTUAL PROPERTY  
COMMERCIAL AND  
ADMINISTRATIVE LAW

**CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES**

I am seeking assistance from Congressman Steve Cohen on a matter that may require the release of information maintained by your agency which may be prohibited from disseminating under the **Privacy Act of 1974**. I hereby authorize the release of all information from my records and permit Congressman Steve Cohen or any authorized member of his staff to make inquiries on my behalf.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (print) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Claim filed for: \_\_\_\_\_ Location filed: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been denied benefits before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Please describe your problem and the current status of the claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please Feel Free to Write on Back if Necessary\*\***

Please return this form to:

Congressman Steve Cohen  
167 N. Main, Suite 369  
Memphis, TN 38103  
Telephone: (901) 544-4131  
Fax: (901) 544-4329