

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize your agency to provide information on my claim/case to Congressman Brad Ellsworth.

SSN/ Claim #

Date

Signature

Daytime Contact #

Evening Contact #

If you wish information to be provided to parent, child, attorney, or other interested party, please indicate below.

I authorize _____ to receive information from Congressman Brad Ellsworth relative to my claim/case.