

Consent for Release of Personal Records by Executive Agencies

Name of Agency: To Whom It May Concern: I have sought assistance from Congressman Shuler 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 Shuler or any authorized member of his staff until this matter is resolved.			
		Signature of Claimant	Date of birth
		Please Print Name	
		Mailing Address	
City, State, Zip Code			
Social Security #	VA Claim # (if applicable)		
Telephone # for Claimant. If none, # when	re you could be reached.		
Date			
Please return this form to: Congressman Heath Shuler 356 Biltmore Ave, Suite 400 Asheville, NC 28801			

Attn: Brian Hopkins