

PRIVACY ACT RELEASE FORM

General Form

Federal Agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concerns to be released to the office of Senator Barbara A. Mikulski.

NAME: _____

MD Residential Street Address: _____
(If you use a PO Box, you must _____
Also provide a MD address of _____
record) _____

Phone Number(s): _____

Social Security Number: _____

Have you contact another congressional office about this issue?: _____

If so, which office?: _____

Claim Number (If applicable): _____

Description of Problem / Request for Assistance:

Signature: _____ Date: _____

**Mail or Fax to: Senator Barbara A. Mikulski
1629 Thames St., Suite 400
Baltimore, MD 21231
Fax: 410.962.4760**

Additional Comments or information may be attached