

**PRIVACY ACT RELEASE FORM**  
**Veterans/Active Duty Military Casework**

This form must be completed by the veteran /service member  
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 concern to be released to the office of Senator Barbara A. Mikulski.

Name of Veteran/Service Member: \_\_\_\_\_

Date of birth: \_\_\_\_\_

VA Claim Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

MD Residential Street Address: \_\_\_\_\_

(If you use a PO Box, you must  
also provide a MD address of  
record) \_\_\_\_\_  
\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Have you contacted another congressional office about this case? \_\_\_\_\_

If yes, which office? \_\_\_\_\_

NATURE OF PROBLEM/ASSISTANCE REQUESTED: \_\_\_\_\_

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

BRANCH OF SERVICE: \_\_\_\_\_

ENTRY & DISCHARGE DATES: \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail of Fax to:

Senator Barbara A. Mikulski  
60 West St, Suite 202  
Annapolis, MD 21401  
Fax: 410-263-5949

Additional comments or information may be attached