

PRIVACY ACT RELEASE FORM

Representative John F. Tierney
U.S. House of Representatives
17 Peabody Square
Peabody, Mass. 01960

Date: _____

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize _____ to provide
Agency name
information on my claim/case to the office of Representative John F. Tierney.

Signature

Printed Name

Street Address, City, State, Zip Code

Tax ID #

SS #

Alien Reg. #

Case/Claim #

Daytime telephone number

Home telephone number

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

I authorize the office of Representative John F. Tierney to release information obtained relative to my case/claim to _____.

Signature

Date