

PRIVACY ACT RELEASE FORM

Please return this form to:

Senator Lamar Alexander
3322 West End Avenue, Suite 120
Nashville, Tennessee 37203

Phone: (615) 736-5129 Fax: (615) 269-4803

(Date)

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the _____ to provide
(Federal Agency)
information on my claim/case to Senator Lamar Alexander.

(Signature)

(Date of Birth)

(Please print your name)

(Social Security number or claim number)

(Address)

(Telephone)

(City, State, Zip)

(E-mail Address)

Comments: (Brief description of request)

