



**The Office of U.S. Senator Jim DeMint**

**Privacy Act Release Form**

Please complete the information below and mail or fax this form with any supporting documentation to one of the following three state offices in South Carolina.

**Charleston**

Senator Jim DeMint  
112 Custom House  
200 East Bay St  
Charleston, SC 29401  
P: 843-727-4525  
F: 843-722-4923

**Columbia**

Senator Jim DeMint  
1901 Main St  
Suite 1475  
Columbia, SC 29201  
P: 803-771-6112  
F: 803-771-6455

**Greenville**

Senator Jim DeMint  
105 North Spring St  
Suite 109  
Greenville, SC 29601  
P: 864-233-5366  
F: 864-271-8901

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, \_\_\_\_\_, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Brief explanation of situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, which Member? \_\_\_\_\_