

Privacy Act Release

Date _____
Social Security No. _____ - _____ - _____
Claim No. _____
SRC/A No. _____

Dear Senator Sessions:

I request your assistance in resolving the problem I am having with (agency)

Give highlights, necessary dates and locations. Use second sheet if needed.

In keeping with the restrictions of the privacy act, you are authorized to request any information required to assist me.

Name: (printed) _____

Last

First

Initial

Address: _____

City

State

Zip

Home Phone: () _____

Work () _____

Signature: _____