

## PRIVACY ACT RELEASE

Please return this form to the district office nearest you.

As required by the Privacy Act of 1974, I hereby authorize Congressman Don Young to obtain information from any federal government records regarding me in connection with my claim or problem.

\_\_\_\_\_

Agency

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address (street or PO Box)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Borough

Other Claim Number (if applicable)

Please provide a brief explanation of your problem and what specifically you are requesting of my office.

Please include any questions you would like the agency to answer:

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