

# Congressman Joe Sestak

District Office: 600 North Jackson Street, Suite 203, Media, PA 19063

Phone: (610) 892-8623; Fax: (610) 892-8628

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## Consent for Release of Personal Records

- This form must be completed by the claimant, claimant's Power of Attorney, or claimant's legal guardian and signed at the bottom of the page
- Enclose copies (no originals) or any documentation to your claim/case

### Please Print:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Mailing Address (if different from Residential)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Claim Number

(VA Claim #, A#, etc., *if applicable*)

### Please read and sign the following:

I have sought the assistance from Congressman Joe Sestak on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize \_\_\_\_\_  
(name of agency)

to release all relevant portions of my records or to discuss problems involved in this case with Congressman Sestak or any authorized members of his staff until this matter is resolved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Description of the Problem**

(Please fill out this page completely, attaching additional pages if necessary, or compose a letter detailing your claim which answers the following questions)

Agency or Agencies Involved: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

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Steps you have taken to resolve the problem: \_\_\_\_\_

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Current status of Problem: \_\_\_\_\_

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What have the involved agency or agencies told you (please attach copies of correspondence, if possible): \_\_\_\_\_

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What, if any, other offices have you contacted for assistance in this matter:

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

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