

UNITED STATES SENATOR – WYOMING

# MICHAEL B. ENZI

## Privacy Release Form

Dear Senator Enzi:

I give you permission to investigate my difficulties with:

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I understand that this form is being used in compliance with the Privacy Act of 1974.

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

*(Please Print Below)*

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

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

City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Brief description of problem: \_\_\_\_\_

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Please return this form to:

Michael B. Enzi  
United States Senator  
400 S. Kendrick, Suite 303  
Gillette, WY 82716

