



KAY R. HAGAN

UNITED STATES SENATOR | NORTH CAROLINA

<http://hagan.senate.gov>



## Privacy Release Form

**Privacy Act of 1974 (Public Law 93-579):** The Federal Privacy Act prohibits the disclosure of confidential information concerning your affairs without your written authorization.

If you wish for U.S. Senator Kay R. Hagan's office to make an inquiry on your behalf, print and complete the authorization form below and return it to:

**U.S. Senator Kay R. Hagan**  
701 Green Valley Road, Suite 201, Greensboro, NC 27408  
Fax: (336) 333-5331

### *Authorization for Release of Confidential Information*

I, Mr./Ms. \_\_\_\_\_ (print name) hereby authorize U.S. Senator Kay R. Hagan to obtain confidential information from: \_\_\_\_\_ (Government agency/office) concerning myself/ourselves involving the matter outlined below. I authorize Senator Hagan to intercede on my behalf, the right to review all appropriate documentation that she or her staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide to Senator Hagan or her staff may be copied and forwarded to officials of the agency listed below for review.

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

**Briefly describe your concerns. Please attach any additional information if needed.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Business) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Case/Receipt Number \_\_\_\_\_

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