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## United States Senate

WASHINGTON, DC 20510

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## PRIVACY ACT CONSENT FORM

DATE:	
TO WHOM IT MAY CONCERN:	
- 100 miles and the control of the c	prohibits the release of information in my file without my w listed agency (agencies) to provide information regarding
Constituent Name:	
Address:	
Email:	
Social Security #:	Date of Birth:
Agency:	Case/Claim:
Signature(s):	
If it will be necessary to have any inf spouse, please list the third party nan	formation released to a third party, such as a parent or ne(s) here:
	nal representatives regarding this matter? YES / NO (circle)
Briefly identify the difficulty you are	e having (attach additional pages if needed):
	· ·

Please include copies of any documentation you may have, which will help expedite this inquiry. Do not send original documents. Please return to Senator Dean Heller in either the Reno office: Phone: 775.686.5770, Fax: 775.686.5729 or in the Las Vegas office: Phone: 702.388.6605, Fax: 702.388.6501.