

U.S. Representative Cynthia M. Lummis

Privacy Release Form

To Whom It May Concern:

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

I hereby authorize you to release all relevant portions of my records and/or to discuss circumstances involved in this case with Congressman Lummis and/or an authorized member of her staff until my situation is resolved.

Signature of Claimant

Date

Address, City, State, Zip

Telephone Number

Work, Cell or Other daytime number

Social Security Number

VA Claim Number (If applicable)

Print Name:

E-mail Address: _____

I respectfully request and authorize Congressman Lummis and her staff to act on my behalf regarding the following concern:

