

Privacy Release Form for Senator John Barrasso

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval.

I authorize the _____
(Name of the Federal Agency)

to provide information on my claim/case to Senator John Barrasso.

(Signature) (Date) (Social Security Number)

(Signature) (Date) (Social Security Number)

Your Social Security Number is used by the Social Security Administration, the Department of Veteran's Affairs, or any other agency which requires that information.

Identification Number or File Number: _____

PROBLEM:

On an attached page, please briefly explain your problem and outline the steps that have been taken by you and the agency regarding your situation. Make your request for assistance as specific as possible. This will enable Senator Barrasso to better understand your needs in his efforts to assist you.

OPTIONAL

Mailing Address: _____

Telephone Number: _____ (Home)
_____ (Work)