

# United States Senate

WASHINGTON, DC 20510

## PRIVACY ACT CONSENT FORM

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I am aware the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim.

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

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

City, State, Zip Code: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency: \_\_\_\_\_ Case/Claim: \_\_\_\_\_

Signature(s): \_\_\_\_\_

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list the third party name(s) here: \_\_\_\_\_

Have you contacted other congressional representatives regarding this matter? YES / NO (circle)  
If so, who? \_\_\_\_\_

Briefly identify the difficulty you are 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.*