

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: _____

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.