

Privacy Release Form

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name _____

Full Postal Address _____

Home phone _____ Business phone _____

Email address _____ Date of Birth _____

Please complete blanks where applicable:

Social Security Number _____

Veterans Claim Number _____

Military Identification Number _____

Other numbers identifying your case _____

Types of benefits I am seeking _____

Date and Place claim was filed _____

Federal agency involved _____

Additional information/explanation of request:

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Dutch Ruppertsberger or a member of his staff to make the appropriate inquiry on my behalf.

(Signature)

(Date)

Please fill out, sign and return this form to:

Congressman Dutch Ruppertsberger
375 West Padonia Road, Suite 200
Timonium, MD 21093
(410) 628-2701 phone
(410) 628-2708 fax