



UNITED STATES SENATOR ★ INDIANA

MIKE BRAUN

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PRIVACY ACT RELEASE FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their expressed consent. Accordingly, I authorize Senator Mike Braun or any authorized member of his staff to access any and all of my records that relate to the problem stated below.

FEDERAL AGENCY OR DEPARTMENT: Please specify the name of the Federal Agency or Department involved in the space provided below:

[Empty box for Federal Agency or Department]

PLEASE PRINT ALL INFORMATION CLEARLY: Circle Preferred Title: Mr. Ms. Mrs. Dr. Other: _____

Name: _____ Date of Birth: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email Address: _____

Social Security #/VA#/Alien #/Receipt #, etc.: _____

SIGNATURE: _____ DATE: _____

Please list other individuals with whom you authorize the release of information on your case:

Table with 2 columns: Name, Relationship. Two rows for listing individuals.

NATURE OF PROBLEM: Please provide a complete statement on the reverse side of this form regarding the nature of the problem and the assistance needed from the office of Senator Mike Braun. Please attach copies of any additional pertinent documents.

Please return form to: The Office of U.S. Senator Mike Braun 115 N. Pennsylvania St. Suite 100 Indianapolis, IN 46204

