

**PRIVACY ACT RELEASE FORM**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I (print name) \_\_\_\_\_, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Brief explanation of situation: (Please use additional sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

Would you like our office to share the information we obtain on your behalf with someone else?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide their name and phone number.  
Name \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which Member? \_\_\_\_\_