

**PRIVACY ACT RELEASE FORM**  
(PLEASE PRINT)

Date: _____	Case Issue: _____
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**Section I – PERSONAL INFORMATION**

Full Name: _____		
Address: _____		
(City)	(State)	(Zip)
Telephone #: _____	_____	_____
(Home)		(Other)
Birth Date: _____		
Marital Status: _____		
<i>If Married, Spouse's Name:</i> _____		
Household Income: <i>(Needed only if applying for programs such as VA Pension, SSI, etc.)</i>		
_____		

**Section II – IDENTIFICATION NUMBERS**

Social Security #: _____	VA Claim #: _____ <i>(Veterans Only)</i>
CSA/CSF #: _____ <i>(OPM Only)</i>	IVD #: _____ <i>(Child Support Only)</i>
Alien Red. #: _____ <i>(INS Only)</i>	Claim #: _____ <i>(Workers' Comp Only)</i>

**Section III – INTERESTED PERSONS**

Please provide the names of those individuals whom we may discuss your case with.  
This office can only discuss your case with the agency and yourself unless listed below  
*(ex: spouse's, attorney's, brothers, sisters, children, etc.):*

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**Is any other Member of Congress working on this matter? Y / N**

