

Privacy Waiver Authorization

Date: _____

In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I am taking this opportunity to give Congressman Tom Allen and his staff permission to receive information in my records and act on my behalf as it pertains to the Congressman's inquiry on this matter.

Signature

_____ **Name (Please Print)**

_____ **Address**

_____ **City, State Zip Code**

_____ **Telephone**

_____ **Social Security #**

_____ **Date of Birth**

_____ **Branch of Service**

Notes: