

Privacy Waiver Authorization

Date: \_\_\_\_\_

To Whom It May Concern:

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 Representative Thomas H. Allen and staff permission to receive information in my records relative to the Representative's inquiry on my behalf.

\_\_\_\_\_  
Signature

Name, please print \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

Other \_\_\_\_\_

Notes: