



Office of Senator John Kerry

PRIVACY ACT CONSENT 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 consent.

Accordingly, I authorize the staff of Senator John Kerry to access any and all of my records that relate to the problem stated below.

Signature: _____

Date _____

To begin processing your case, please complete all of the following information:

Date of Birth: _____

First Name: _____

Last Name: _____

Address: _____ City: _____

Zip: _____

E-mail: _____

Daytime Phone: _____

Evening Phone: _____

Please provide all information related to your case (attach more pages if necessary) :

Federal agency you need help with: _____

Social Security Number: _____

Alien Registration Number: _____

U.S. CIS Application Form Number: _____

Rank and Military Branch of Service: _____

Other (please be specific): _____

Briefly explain the problem you are having with a federal agency or the information desired*: _____

_____*

Please forward relevant documents recieved by the federal agency with which you seek assistance.

Print and mail your completed form to :

Office of Senator John Kerry
attn: Mr. G. 'Ed' Birçe
One Bowdoin Square
Tenth Floor
Boston, MA 02114
Phone - (617) 565-8519
Fax - (617) 248-3870