

PRIVACY ACT CONSENT FORM

Date: _____

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim to the offices of U.S. Senator John Ensign.

Constituent Name: _____
(Please print)

Address: _____

City, State, Zip Code: _____ Phone: (_____) _____

Social Security Number: _____

Claim/Case Number: _____

Agency (Agencies): _____

Signature(s): _____

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list third party names here: _____

Briefly identify the difficulty you are having (attach additional page if needed):

Please include copies of any documentation you may have which would help expedite this inquiry. Please do not send original documents. If you have any questions, please contact the appropriate office:

Las Vegas Office
333 Las Vegas Blvd. South, Suite 8203
Las Vegas, Nevada 89101
Phone (702) 388-6605
Fax (702) 388-6501

Reno Office
400 South Virginia St., Suite 738
Reno, Nevada 89501
Phone (775) 686-5770
Fax (775) 686-5729

Carson City Office
600 East William St., Suite 304
Carson City, Nevada 89701
Phone (775) 885-9111
Fax (775) 883-5590