

The Privacy Act of 1974 requires that I obtain your direct authorization for my office to investigate on your behalf. Please complete and return this privacy release form to my **Detroit** office at the address listed below.

Thank you for your cooperation.

Carl Levin

To Whom It May Concern:

Senator Levin and his staff have my permission to receive and review any information contained in my file, and, if deemed necessary, to forward any pertinent correspondence sent by me involving: (Name of Agency)_____

Please give a detailed account of your problem (Use additional paper if necessary):

Is any other Congressional Office working on this concern? If yes, which one?

Print Full Name:_____

Legal Signature:_____ Date:_____

(Required)

Address:_____

Telephone Number: _____ Social Security Number:_____

Date of Birth: _____

Please return completed form to:

**Senator Carl Levin
Attention: Casework Dept.
477 Michigan Avenue, Room 1860
Detroit, MI 48226**

Please be sure to sign and date release form