

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 office?

Print Full Name:_____ Rank:_____

Legal Signature:_____ Date:_____

(Required)

Home of Record (State):_____

Complete Military Address:_____

Address you would like us to contact you at:_____

Telephone Number: _____ Social Security Number:_____

Please return the completed form to:

**Senator Carl Levin
Attention: Military Caseworker
477 Michigan Avenue, Suite 1860
Detroit, MI 48226**

Please be sure to sign and date release form