

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

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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 brief description of your problem:

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

\_\_\_\_\_

Print Full Name\_\_\_\_\_Date of Birth\_\_\_\_\_

Legal Signature\_\_\_\_\_Date\_\_\_\_\_

**(Required)**

**Social Security Number**\_\_\_\_\_ **Medicare Number**\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Phone Number\_\_\_\_\_

**Please return the completed form to:**

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

*Please be sure to sign and date release form*