

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. When necessary, they are authorized to forward documents to appropriate agencies.

Please give a detailed description of your problem. Include all pertinent documents, dates, and addresses. If necessary, attach another sheet to this form:

Please Print Full Name: \_\_\_\_\_

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Required)**

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Military Serial#: \_\_\_\_\_

VA Claim #: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Are you currently working with a service organization? If so, which one? (DAV, VFW, VVA, PVA, Marine Corps League, AMVETS, American Legion, JWV, CWV)

Have you contacted another congressional office regarding this issue? If yes, which one?

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**Return this completed form to:**

**Senator Carl Levin  
ATTN: Veterans Caseworker  
477 Michigan Avenue, Suite 1860  
Detroit, MI 48226**

*Please be sure to sign and date release form*