

Consent for Release of Personal Records by Executive Agencies

Name of Agency:

To Whom It May Concern:

I have sought assistance from Congressman Patrick McHenry on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman McHenry or any authorized member of his staff until this matter is resolved.

Please print all information except your signature.

(Name of Claimant - PRINTED)

(Date of birth)

(Address of Claimant)

(City, State, Zip)

(County of Residence)

(Social Security #)

(Any other applicable Social Security #)

(Telephone # for Claimant. If none, # where you could be reached.)

(Signature of Claimant)

(Date)

Please return this form to:
Congressman Patrick McHenry
P. O. Box 1830
Hickory, N. C. 28603