

Privacy Act Release Form

Please return this form to:

**Congressman David Obey
Attn: Terry Shulta
401 Fifth Street, Suite 406A
Wausau, Wisconsin 54403**

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize (name of agency) _____ to provide information on my claims/cause to Congressman Obey. I also authorize Congressman Obey to forward information provide by me to the above agency unless I request otherwise in writing.

Signature _____

Print Name _____

Date _____

Address _____

City/State/Zip _____

Telephone number _____

Date of Birth _____

Social Security number _____

Claim or file number _____

Nature of Problem: *Please provide a background description of the problem and attach any supporting documentation you may have:*

(Use other side if needed)