PRIVACY ACT RELEASE FORM

The Privacy Act of 1974 prohibits any department or agency of the Federal Government from releasing any personal information about an individual without that individual's written permission. Therefore, before I may initiate an inquiry on your behalf, it will be necessary for you to print out, complete and sign this form and mail it to me at any of my congressional office addresses. Since e-mails do not contain valid signatures, they do not fulfill the requirements of the Privacy Act.

Pursuant to the provisions of the Privacy Act, I,, authorize to release information to Congressman John M. McHugh	
regarding your situation.	cicuse information to congressman John W. Weirugh
Signature:	Date:
Address:	Telephone:(Home
	(Work
E-Mail Address:	Date of Birth:
	Home of Record:
	Military Rank:
	Military Grade:
PLEASE PROVIDE APPROPRIAT	TE IDENTIFICATION NUMBER(S):
Social Security Number:	VA Claim Number:
CSA or CSF No.	OWCP No
Immigration File Number:	Other Federal ID Number:
Explanation of Problem and Assista	nce Requested:
	(Continue on back, if necessary

PLEASE ATTACH COPIES OF PERTINENT DOCUMENTS, INCLUDING LETTERS TO AND FROM FEDERAL DEPARTMENTS AND AGENCIES.