

## Privacy Act Form

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin.

***PLEASE PRINT***

Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:

Home: (    ) \_\_\_\_\_ Business: (    ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**BRIEF DESCRIPTION OF YOUR PROBLEM:** Please include specific information including necessary identifying numbers such as Veterans claim number, military serial number, Medicare number, Alien number, etc.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return form by mail:  
U.S. Senator Benjamin L. Cardin  
Tower 1, Suite 1710  
100 S. Charles Street  
Baltimore, MD 21201

or Return Form by Fax:  
410-962-4156