

PRIVACY ACT RELEASE FORM
Federal Employee Casework

This form must be completed by the person having the problem

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 Senator Barbara A. Mikulski.

Name of Federal Employee: _____

Or, if you are the Ex-Spouse/Widow/Widower/Child: _____

MD Residential Street Address: _____
(If you use a PO Box, you must also provide a MD address) _____

Phone Number(s): _____

Employing Federal Agency: _____

Complete only for issues regarding Retirement Benefits:

Are you CSRS or FERS? _____ Date Filed? _____ Retirement or Disability Retirement

Your SS# or CSA# _____ Ex-Spouse/Widow/Widower/Child SS# or CSA# _____

Complete only for Issues regarding Personnel Actions:

Have you filed a complaint or appealed to any of the following?

Agency EEO: Yes No Date _____ EEOC: Yes No Date _____

MSPB: Yes No Date _____ OSC: Yes No Date _____

Appealed Agency Personnel Action? Yes No Date _____

Have you contacted another congressional office about this issue? (Who?) _____

Description of Problem: _____

Signature: _____ Date: _____

Mail or Fax to: Senator Barbara A. Mikulski
1629 Thames St, Suite 400
Baltimore, MD 21231
Fax: 410-962-4760

Additional comments or information may be attached