



UNITED STATES SENATOR OLYMPIA J. SNOWE
PRIVACY ACT AUTHORIZATION FORM

(Please use pen)

DATE: _____

Q#: _____
(Office use only)

TO WHOM IT MAY CONCERN:

In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I am taking this opportunity to give Senator Olympia J. Snowe and her staff permission to receive information in my records relative to her inquiry on my behalf.

PLEASE PRINT AND COMPLETE THIS FORM AS THE ITEMS APPLY TO YOU. THANK YOU.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

VETERANS CLAIM NUMBER: _____

WORKERS' COMP. NUMBER: _____

DATE OF BIRTH: _____

SIGNATURE: (X) _____

TO ALL VETERANS (please check one):

I authorize () do not authorize () the Department of Veterans Affairs to release or disclose any information or records relating to the diagnosis, treatment or other therapy for the condition(s) of drug abuse, alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV) or sickle cell anemia. Title 38 U.S.C. 7332. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE: