

United States Senate

WASHINGTON, DC 20510-4802

For Office Use Only

Case Code:

Case #:

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 the agency and/or department listed below to provide information on my claim/case to Senator Rockefeller.

Agency/Department: _____

CONSTITUENT INFORMATION

Name: _____
(Please type or print)

Signature (Required): _____ **Date:** _____

Social Security or Claim # _____ **E-Mail Address:** _____
(Please type or print)

Mailing Address: _____
(Post Office Box or Street Address)

City, State, Zip Code: _____

Daytime Telephone: _____ **Cellular:** _____

If you wish information to be provided to parent, child, attorney, or other interested party, please complete the following information:

Name: _____
(Please type or print)

Mailing Address: _____
(Post Office Box or Street Address)

City, State, Zip Code: _____

Daytime Telephone: _____

I authorize the following individual(s) to receive information from Senator Rockefeller, relative to my claim-case.

Signature (Required): _____ **Date:** _____

PLEASE RETURN THIS FORM TO:

The Honorable John D. Rockefeller IV
405 Capitol Street, Suite 508
Charleston, West Virginia 25301
(304) 347-5372

<http://rockefeller.senate.gov>