

# PRIVACY ACT RELEASE FORM

Please return this form to:

**Senator Edward M. Kennedy**  
**2400 JFK FEDERAL BUILDING**  
**BOSTON MA 02203**

Phone: (617) 565-3170      Fax: (617) 565-3183

\_\_\_\_\_  
(Date)

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the \_\_\_\_\_ to provide  
(Federal Agency)  
information on my claim/case to Senator Edward M Kennedy.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print your name)

\_\_\_\_\_  
(Social Security number or claim number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Comments: (Brief description of request)

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