



U.S. Senator John Cornyn

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PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies _____

_____ *(Please fill in the name of agencies with which you are having difficulties).*

Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

Name: _____
(Please Print Clearly)

Address: _____
(Street)

(City, State, Zip)

Telephone Number: _____ Alternate Telephone: _____

E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Please fill in appropriate case information (when applicable):

Medicare Part D Plan Name: _____

VA Claim#: _____

U.S. Department of Labor: _____

CSA/CSF#: _____ (OPM retirees only)

FEMA Reg.#: _____ Disaster #: _____

SBA Application#: _____

Briefly describe your difficulty on a separate page.

SIGNATURE: _____ DATE: _____