

**U.S. Senator Ted Kaufman
1105 N. Market St.
Suite 2000
Wilmington, DE 19801-1233
phone: (302) 573-6345 fax: (302) 573-6351**

PRIVACY ACT RELEASE FORM

FULL NAME (as it appears on driver's license or birth certificate):

ADDRESS:

PHONE NUMBER:

E MAIL (optional):

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

CASE NUMBER (If you have already initiated a case with a federal agency):

AGENCY (If applicable):

Please provide a brief description of the problem you are having. If you have written an accompanying letter, you may simply write "attached":

I Hereby authorize the Office of U.S. Senator Ted Kaufman to access my records and work on my behalf with any and all agencies necessary to resolve the matters listed above.

Signed

Date