



# Privacy Act Release Form Office of U.S. Senator Herb Kohl

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you. Therefore, Senator Kohl will need your written signature on this waiver before he can intervene on your behalf. If you have a printer, print this form, complete it, sign it, and mail it to Senator Kohl's nearest state office. If you do not have a printer, you may request a Privacy Act Release Form from any of Senator Kohl's offices.

I hereby authorize the appropriate federal government agency to release any and all information pertaining to me and my case to Senator Herb Kohl or any member of his staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print Carefully:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

VA Claim Number (if applicable) \_\_\_\_\_

Medicare I.D. Number (if applicable) \_\_\_\_\_

Alien Receipt Number (if applicable) \_\_\_\_\_

Alien Registration Number-included in all Immigration applications (if applicable) \_\_\_\_\_

**Please provide a statement of how you feel Senator Kohl could assist you or submit a separate letter.** Include the name of the federal agency you are seeking assistance with and any important dates, deadlines, and/or contacts related to your situation.

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