U.S. Representative Cynthia M. Lummis
Privacy Release Form

To Whom It May Concern:

I have sought assistance from Congressman Cynthia M. Lummis on a matter that may require the release of personal information maintained by your agency and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records and/or to discuss circumstances involved in this case with Congressman Lummis and/or an authorized member of her staff until my situation is resolved.

_____ _____

Signature of Claimant Date

Address, City, State, Zip _____

_____ _____

Telephone Number Work, Cell or Other daytime number

_____ _____

Social Security Number VA Claim Number (If applicable)

Print Name

I respectfully request and authorize Congressman Lummis and her staff to act on my behalf regarding the following concern:

_____

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