

Privacy Act Authorization

Name of Agency: _____

To Whom It May Concern:

I, _____, have sought assistance from Congressman Rick Berg on a matter that may require the release of 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 or to discuss problems involved in this case with Congressman Rick Berg or any authorized member of his staff until this matter is resolved.

Name

Date

Mailing Address

City, State, Zip Code

Telephone #

E-mail Address

Date of Birth

Social Security #

Veteran or other Claim # (if applicable)

Signature

Please return this form to:

Congressman Rick Berg
3170 43rd St S
Suite 105
Fargo, ND 58104

Please include a detailed history of the issue and copies of all related correspondence.