

**PRIVACY ACT RELEASE FORM**

General Form

Federal Agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concerns to be released to the office of Senator Barbara A. Mikulski.

NAME: \_\_\_\_\_

MD Residential Street Address: \_\_\_\_\_  
(If you use a PO Box, you must \_\_\_\_\_  
Also provide a MD address of \_\_\_\_\_  
record) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Have you contacted another congressional office about this issue?: \_\_\_\_\_

If so, which office?: \_\_\_\_\_

Claim Number (If applicable): \_\_\_\_\_

Description of Problem / Request for Assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Mail or Fax to:                      Senator Barbara A. Mikulski**  
**901 South Bond Street, Suite 310**  
**Baltimore, MD 21231**  
**Fax: 410.962.4760**

Additional Comments or information may be attached