

Privacy Act Release Form

Military and Veterans

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 concern to be released to the office of Senator Barbara A. Mikulski.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

VA CLAIM NUMBER: _____

NATURE OF PROBLEM/ASSISTANCE REQUESTED:

BRANCH OF SERVICE: _____

ENTRY & DISCHARGE DATES: _____

Signature

Date