

United States Senate

WASHINGTON, DC 20510

Privacy Act Release Form

TO WHOM IT MAY CONCERN,

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my express written consent. I (**print your name**) _____, do hereby give consent for information concerning me to be provided to Senator Pat Toomey and/or his staff. Please provide all relevant information he may require in order to assist me with my inquiry. **Your signature is required.**

Signature: _____ **Date:** _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** _____ **Fax:** _____

Please specify the federal agency involved in this inquiry: _____

Please provide your social security number: _____

Please provide any other identifying numbers that will help us with our inquiry (i.e Alien Registration #, ICE Receipt #, Veterans ID & Branch, DOB): _____

Explain the problem below. Use another sheet if necessary. Attach Copies of any relevant documents.

Is another Congressional office assisting you? _____

Are you making this request on behalf of someone else? _____

Please return this completed form and all relevant documents to my Allentown office located at:
1150 S. Cedar Crest Blvd, Suite 101, Allentown PA 18103
Phone 610 434 1444 Fax 610 434 1844