Consent for Release of Personal Records by Executive Agencies

Name of Agency:				
Name of Claimant	t:			
(First)			(Last)	
Mailing Address:				
C	(Street)			
_	(City)	(State)	(Zip)	
Home Phone:		Work Phone:		
Date of Birth:	Social Security Number:			
Claim Number (if	applicable):		_	
Please explain you	ır problem and wh	at you would like for this o	ffice to do on your behalf	
		of information regarding yo		
release of informa disseminating und and those acting o	tion maintained by er the Privacy Act n his behalf, to rele	or Roger F. Wicker on a may your agency, which you me of 1974. I hereby, authorize ase all of my records and/other the above information is	naybe prohibited from ze Senator Roger Wicker, or to discuss problems	
SIGNATURE		1	DATE:	