

**Consent for Release of Personal Records by
Executive Agencies**

Name of Agency: _____

Name of Claimant: _____
 (First) (Last)

Mailing Address: _____
 (Street)

 _____ _____ _____
 (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Claim Number (if applicable): _____

Please explain your problem and what you would like this office to do on your behalf:

If you wish to authorize the release of information regarding your case to a third party, please provide their names and phone numbers:

As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Senator Wicker to intercede on my behalf, including the right to review all appropriated documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide to Senator Wicker or his staff may be copied and forwarded to officials of the agency listed above for review. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct.

SIGNATURE: _____ DATE: _____