



Tommy Tuberville

United States Senator ■ Alabama

PRIVACY RELEASE FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SERVICE NUMBER AND/OR CLAIM "C" NUMBER (if applicable): _____

E-Mail address: _____

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express written permission of the person involved. The disclosure of personal records to a Senator who is acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.

I, the undersigned, hereby authorize the release of all pertinent information to Senator Tommy Tuberville and/or his staff to make an inquiry on my behalf to the _____ (Name of Agency).

I, hereby, give permission to Senator Tommy Tuberville and/or his staff to receive information from any involved agency in regard to the following matter:

****If you have contacted another congressional office, please list that office:**

SIGNATURE _____

Date _____