

## THE HONORABLE MARK R. WARNER

## PRIVACY ACT RELEASE

Please read and follow all directions carefully. If you are inquiring on behalf of someone, that person must sign this release of consent. <u>NO</u> action can be made without an original, non-digital signature.

I am aware that the Privacy Act of 1974 prohibits the release of information regarding my case without my express written approval. Therefore, I authorize the following government agency or agencies to release information regarding my concerns to the office of Senator Mark R. Warner (VA).

Name of Federal Agency:	
*If your request is related to USCIS, ICE or	a mortgage, please do not complete this form and instead
fill out the appropriate form for your requ	est available on our website or by contacting our office.*
Circle One: Mr./Mrs./Ms./Mx./Dr./Rev. Nam	ne:
Street Address:	
City:State:	Zip Code:
Home Phone Number:	Cell Phone Number:
Email Address:	
Signature (non-digital):	Date:
If I wish Senator Warner's office to provide as parent, child or attorney, I have indicate	e any information on this matter to another person such d those names here:
	ongressional office on this matter, please include the
Please complete the	section(s) that applies to your case:
<b>Department of Defense or Veterans Affairs</b>	Social Security, Medicare or Marketplace
Social Security Number:	
Claim Number:	Date of Birth:
Office of Personnel Management	Internal Revenue Service
Social Security Number:	
CSA/CSF Number:	
Date of Birth:	Date of Birth:
Department of Labor	U.S. Department of Education
Social Security Number:	
OWCP Number:	
	Loan Number:
U.S. State Department (Visa Case)	U.S. Passport
Case Number:	Social Security Number:
Date of Birth:	
Other: Name of Agency:	Identifying Number:

If you have questions about completing this form, please contact the Roanoke office at 540-857-2676