

# Privacy Act Release Form

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by federal agencies. Any information that a federal agency has on file regarding your dealings with the United States government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends, or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_

First

Middle

Last

Suffix

Date of Birth: \_\_\_\_\_  
mm /dd/ yyyy

Daytime Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

If applicable, please provide the following information:

Federal Agency Involved: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Veteran Claim #: \_\_\_\_\_

Student Loan Account#: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Mortgage Servicer: \_\_\_\_\_

State Dept. Case #: \_\_\_\_\_

Mortgage Loan#: \_\_\_\_\_

Alien Number or WAC: \_\_\_\_\_

Have you contacted another Congressional office or do you plan on contacting another Congressional office for assistance with this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which one(s)?

\_\_\_\_\_ U.S. Senator Chris Van Hollen  
\_\_\_\_\_ Congressman Andy Harris  
\_\_\_\_\_ Congressman John Olszewski  
\_\_\_\_\_ Congresswoman Sara Elfreth  
\_\_\_\_\_ Congressman Glenn Ivey

\_\_\_\_\_ Congressman Steny Hoyer  
\_\_\_\_\_ Congresswoman April McClain Delaney  
\_\_\_\_\_ Congressman Kweisi Mfume  
\_\_\_\_\_ Congressman Jamie Raskin

Nature of Problem: Please provide a written description below regarding the nature of your problem and the assistance you are seeking. Providing as much detail as possible will improve our ability to assist you. (You may attach a separate sheet).

I hereby request the assistance of the Office of United States Senator Angela D. Alsobrooks to resolve the matter described on this form. I authorize Senator Alsobrooks and her staff to receive any information they may need to provide this assistance. The information I have provided to Senator Alsobrooks is true and accurate to the best of my knowledge and belief. The assistance I have requested from Senator Alsobrooks office is in no way an attempt to evade or violate any federal, state, or local law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the original, complete, and signed form by:  
Office of Senator Alsobrooks  
10201 Martin Luther King Jr Boulevard, Suite 210  
Bowie, MD 20720  
(301) 860-0414