



Privacy Release Form

The *Privacy Act of 1974* requires that I obtain your written authorization for my office to correspond with any federal agency relevant to your matter. Please complete and return this privacy release form to my Detroit office at the address listed below. Thank you for your cooperation.

Contact Information:

Name (Print): _____

Address: _____

Phone: _____ (mobile)

_____ (home)

_____ (work)

Email: _____

Case Information:

Federal Agency: _____

Case or Claim Number: _____

Date of Birth: _____ Social Security Number: _____

Case Description *(please be as detailed as possible)*: _____

List any other individuals with whom we may share information: _____

Privacy Statement:

To Whom it May Concern:

I, _____, hereby authorize Senator Gary Peters and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature: _____ Date: _____

How to Return this Form

By Mail:
U.S. Senator Gary Peters
Attn: Constituent Services
477 Michigan Avenue, Suite 1860
Detroit, MI 48226

By Fax:
(313) 226-6948