

**Casework Authorization
&
Privacy Act Release Form**

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize _____ (name of government agency) to provide information on my claim/case to Congressman Kind and/or his staff. I authorize Congressman Kind and/or his staff to forward information provided by me to the above agency unless I request otherwise in writing.

Signature _____

Date _____

Name _____

Address _____

Telephone number _____

Date of birth _____

Social Security or other ID number _____

NATURE OF PROBLEM: Please provide a detailed background description of the problem and attach any supporting documents, letters, etc.
