

PRIVACY ACT RELEASE

Please return this form to the district office nearest you.

As required by the Privacy Act of 1974, I hereby authorize Congressman Don Young to obtain information from any federal government records regarding me in connection with my claim or problem.

Agency	
_____	_____
Signature	Today's Date
_____	_____
Name (printed)	Telephone Number
_____	_____
Address (street or PO Box)	Date of Birth
_____	_____
City, State, Zip	Social Security Number
_____	_____
Email	Other Claim Number (if applicable)

Please provide a brief explanation of your problem and what specifically you are requesting of my office.

Please include any questions you would like the agency to answer:
