



CONGRESSMAN SANDER LEVIN
Representing the 9th District of Michigan

Privacy Act Release Form

In order for me to initiate an inquiry on your behalf, you must complete this form and return it to my District Office in Roseville. You should also include copies of any relevant documents, but please send only copies (no originals). Please fill in all blanks which apply, printing clearly. You may also fill out this form on my website at <http://levin.house.gov/serving-you> and then print it to sign.

Full Name: _____ **Date of Birth:** _____

Address: _____ **Apt #:** _____

City: _____ **State:** Michigan **Zip Code:** _____

Daytime Phone: _____ **Other Phone:** _____

E-Mail Address: _____

Agency with which you are having a problem: _____

Social Security Number: _____ **Alien Registration #: A** _____

Veteran's Claim Number: _____ **Military I.D. Number:** _____

Branch of Service: _____ **Dates of Service:** _____

Other Case or Claim Numbers: _____

Explain your problem or the information you are requesting:

(please attach additional sheets if more space is needed)

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. I agree to allow Congressman Sander Levin or any member of his staff access to any records relating to the problem described above.

Signature: _____ **Current Date:** _____

For assistance in completing this form please phone my District Office at: **(586) 498-7122** or **(248) 968-2025**

You may return a completed form by mail to: **Congressman Sander Levin; 27085 Gratiot Ave., Suite C; Roseville, MI 48066**
Although mail is preferred, you may also fax a completed form to: **(586) 498-7123**