



**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**