

**Senator Kit Bond**  
**\* Privacy Authorization Form \***

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_, MO \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case/File Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As mandated by the 1974 Privacy Act, I authorize Senator Kit Bond and his staff to make inquiries on my behalf and to obtain information from my personal records or files.

\_\_\_\_\_  
Signature Date

Send completed form to my **Office of Constituent Services** at the following address:

**Senator Kit Bond**  
**308 East High St., #202**  
**Jefferson City, MO 65101**