



Consent for Release of Personal Records by Executive Agencies

Name of Agency: _____

To Whom It May Concern:

I have sought assistance from Congressman Shuler on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Shuler or any authorized member of his staff until this matter is resolved.

Signature of Claimant

Date of birth

Please Print Name

Mailing Address

City, State, Zip Code

Social Security #

VA Claim # (if applicable)

Telephone # for Claimant. If none, # where you could be reached.

Date

Please return this form to:
Congressman Heath Shuler
205 College Street, Suite 100
Asheville, NC 28801
Attn: