

CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES  
U.S. SENATOR JOHN HOEVEN

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

I have sought assistance from Senator John Hoeven 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 Senator Hoeven or any authorized member of his staff until this matter is resolved.

Claimant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Social security # \_\_\_\_\_

Agency case # (if known): \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Have you contacted another congressional office regarding this issue? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, which office? Senator Cramer \_\_\_\_\_ Rep. Armstrong \_\_\_\_\_

Do you grant Senator Hoeven's office permission to contact other Congressional offices to discuss your inquiry? YES \_\_\_\_\_ NO \_\_\_\_\_

Please return this completed form to:  
U.S. Senator John Hoeven  
Attn: Constituent Services  
220 Rosser Avenue, Room 312  
Bismarck, ND 58501