

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 (print): _____

Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

E-mail 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 Heitkamp _____ Congressman Cramer _____

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

Please return this form to:
U.S. Senator John Hoeven
220 Rosser Avenue, Room 312
Bismarck, ND 58501
Attn: Constituent Services
Phone: 701-250-4618
Fax: 701-250-4484