

**Consent for Release of Personal Records By**  
**Executive Agencies**

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

To Whom It May Concern:

I have sought assistance from **Congressman J. Randy Forbes** 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 J. Randy Forbes** or any authorized member of his staff until this matter is resolved.

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

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

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

\_\_\_\_\_  
VA Claim Number (if applicable)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Please return this form to the closest district office.