U.S. Senator John Cornyn

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PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies _____
(Agency with which you are having difficulties). Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

*****PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE*****

Name: (Mr./Mrs./Ms.)_____
(Please Print Clearly)

Address:_____
(Street)

_____
(City, State, Zip)

Telephone Number:_____ Alternate Telephone:_____

E-Mail Address:_____

Social Security Number:_____ Date of Birth:_____

<u>Please fill in appropriate case information (when applicable):</u>

Medicare Claim Number: _____

Medicare Provider PTAN, NPI, Tax ID: _____

Bank and Loan #:_____

VA Claim#:_____

U.S. Department of Labor:_____

CSA/CSF#:_____OPM retirees only

FEMA Reg.#:_____ Disaster #:_____

SBA Application#:_____

SIGNATURE:_____ DATE:_____