



U.S. Senator John Cornyn

Attention: Casework Department
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GENERAL 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: _____

E-Mail address: _____

Social Security Number: _____ Date of Birth: _____

Please fill in appropriate case information (when applicable):

Medicare 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 #: _____

SIGNATURE: _____ **DATE:** _____

Electronic signature not accepted