



**PRIVACY RELEASE FORM**  
**U.S. SENATOR MITCH McCONNELL**

601 West Broadway, Suite 630  
Louisville, Kentucky 40202  
Telephone: (502) 582-6304  
Fax: (502) 582-5326

**DATE:** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I am aware that the Privacy Act of 1974 may prohibit the release of information in my file or on my case without my approval.

I authorize \_\_\_\_\_ Agency to provide information on my claim/case to Senator McConnell or his staff representative designated by him.

The authorization is good until such time as a final decision is made on my case and there is no further administrative appeals available to me.

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PRIMARY PHONE #:** \_\_\_\_\_ **SECONDARY PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Brief description of the issue you are having:** \_\_\_\_\_

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\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**\*\*\*Please return the form to our Louisville office: 601 West Broadway, Suite 630, Louisville, KY 40202**