



Privacy Release Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ EMAIL: _____

PHONE NUMBERS: Day: _____ Other: _____

MEDICARE BENEFICIARY NUMBER (if applicable): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

Check Agency Involved:

- Social Security**
- Veterans Administration:** Claim Number: _____ Branch of Service: _____
- Immigration:** Alien Number: _____ Receipt Number: _____
- IRS:** Tax Years: _____
- Healthcare:** Insurance Provider: _____
- Other** (please specify): _____

Please provide a brief summary explaining your problem/concern. You may also attach **copies** of any relevant documents which may expedite your inquiry (use additional paper if necessary).

In accordance with the Privacy Act of 1974, I _____, hereby authorize the office of Senator Blackburn to access any relevant information pertaining to my case/claim.

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

SIGNATURE: _____ DATE: _____