

JERRY MORAN

Privacy Release Form

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ VA Claim #: _____

Email: _____ Medicare #: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Briefly explain the matter you are seeking assistance on and attach copies of any relevant documentation.
(Use additional paper if more space is needed)

Have you contacted another congressional office about this matter? Yes: No:

If yes, which office(s) have you contacted? _____

I authorize, under the provision of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case to the office of U.S. Senator Jerry Moran.

Signature: _____ Date: _____

If you'd like our office to share details related to your case with another individual, please indicate below:

Name: _____ Phone: _____

Please return this completed form to:	U.S. Senator Jerry Moran P.O. Box 249 Hays, KS 67601	Phone: 785-628-6401 Fax: 785-628-3791
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