

# 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: \_\_\_\_\_

<b>Please return this completed form to:</b>	U.S. Senator Jerry Moran P.O. Box 1154 Olathe, KS 66051	Phone: 913-393-0711 Fax: 913-768-1366
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