

JACK REED
RHODE ISLAND

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AUTHORIZATION/RELEASE OF INFORMATION

As required by Public Law 93-579, the Privacy Act:

I, _____ hereby request and authorize *Senator Jack Reed* and his office to intercede on my behalf, including the right to review all appropriate documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have a pending case with the agency named below.

I understand that any documents I provide to Senator Jack Reed or his staff may be copied and forwarded to officials of the agency listed below for review. I waive all rights in the release of any and all related information and records. I also understand that this inquiry may not conclude in my best interest. I sign this waiver in good conscience and without mental reservation.

Signature

Date

Social Security Number

Date of Birth

Address and telephone number

For Office Use Only

Case Number

Staff