



**United States Senator
John Barrasso, M.D.
Wyoming**

Privacy Release Form

I am aware of the Privacy Act of 1974 that prohibits the release of information in my file without my approval.

**I authorize _____ to provide
(Agency or organization contacted by the office of Senator Barrasso)**

Information/documentation on my claim/case to the office of Senator John Barrasso and grant Senator Barrasso's staff permission to investigate my case regarding:

Please Print Name: _____

Mailing Address: _____

Phone Number: _____ **Cell:** _____

E-mail Address: _____

Social Security Number: _____ **Date of Birth:** _____

Other Necessary ID or Files Numbers: _____

Signature: _____ **Date:** _____

***Privacy Release Form authorization good for 2 years or until issue is resolved. _____
(Initials)**