**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 certify under penalty of perjury that the attached information is accurate.

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 review 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)**