

# SENATOR CHRIS VAN HOLLEN'S PRIVACY RELEASE

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant Senator Chris Van Hollen and his staff my written permission to intercede on my behalf. I also duly authorize that any information that is contained in my records and necessary to provide a substantive response may be disclosed to the Office of Senator Van Hollen.

Name: Mr./ Ms./ Mrs./ Mx./ Miss/ Dr. \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

**PLEASE STATE THE NATURE OF YOUR REQUEST, PROBLEM OR COMPLAINT AND HOW YOU WOULD LIKE THE SENATOR TO ASSIST YOU. PLEASE BE SPECIFIC AND, IF NECESSARY, ATTACH A SHORT LETTER AND/OR COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES. (If this is an immigration or visa-related matter, please use the Senator's Immigration Privacy Release instead.)**

Have you contacted any other elected official(s) about your issue? If so, please list their name(s):

Social Security Number (if applicable): \_\_\_\_\_

Case/Account Number/ (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport Ref. No./Destination/Travel Date (if applicable) \_\_\_\_\_

*I authorize the Office of Senator Chris Van Hollen to make inquiries on my behalf.*

Signature

Date

**PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:**

**Senator Chris Van Hollen  
111 Rockville Pike, Suite 960  
Rockville, MD 20850  
FAX: 301-545-1512  
assistance@vanhollen.senate.gov**