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U.S. Senator Cindy Hyde-Smith
PRIVACY RELEASE FORM
INTERNAL REVENUE SERVICE

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other (Please specify) _____

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone: _____ **Cell Phone:** _____

Tax Years: _____ **Social Security Number:** _____

Email Address: _____

1. Please give a brief description of your issue(s):

Due to the Privacy Act of 1974 (Public Law 93-579), federal government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials in your behalf, discuss the matter, and receive pertinent information.

Date: _____ **Signature:** _____