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**U.S. Senator Cindy Hyde-Smith**  
**PRIVACY RELEASE FORM**  
**MILITARY VETERANS AND DEPENDENTS**

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_ Other (Please specify) \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ VA Claim Number: \_\_\_\_\_

1. Have you contacted a Veterans Service Organization for assistance?

Yes \_\_\_ No \_\_\_

> If "Yes," please list the Organization here: \_\_\_\_\_

2. Have you contacted another U. S. Congressional office in MS regarding your concern?

Yes \_\_\_ No \_\_\_

> If "Yes," please list the Congressional Office here: \_\_\_\_\_

3. Are you working with an attorney? Yes \_\_\_ No \_\_\_

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

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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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_