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Cindy Hyde-Smith
United States Senator • Mississippi

Privacy Release Form

Consent for Release of Personal Records by Executive Agencies

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

Name: _____

Address: _____

County: _____ **Social Security Number:** _____

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

Email Address: _____

Name of Agency: _____

Please explain your problem(s) and how my office might be able to assist on your behalf. (You may attach additional information or documentation.)

Due to the Privacy Act of 1974 (PL 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 on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ **Date:** _____