190 East Capitol Street
Suite 550
Jackson, MS 39201

Phone: (601) 965-4459
Fax: (202) 228-6004

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:_____