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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):

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: _____