SARAH McBRIDE

DELAWARE'S CONGRESSWOMAN

Casework Privacy Release Form Instructions

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the individual and surviving spouse. The next of kin (son, daughter, brother, sister) or someone legally acting on behalf of an individual must provide authorization such as power of attorney to obtain assistance.

Full Name

Full Name

Social Security Number | Date of Birth

Social Security Number | Date of Birth

Street Address | City | State | Zip Code

Street Address | City | State | Zip Code

Email Address | Phone Number

Email Address | Phone Number

Which federal agency do you need assistance with?

Federal Agency Involved

Do you already have a case or claim number?

Case or Claim Number (if applicable)

Nature of the Problem: Please provide a written description below regarding the nature of your problem and the assistance you are seeking.

Signature | Date

Signature | Date