

**ARLEN SPECTER  
U.S. SENATOR - PENNSYLVANIA**

Dear Friend:

Thank you for your request that I contact a Federal agency on your behalf for information or assistance. I am pleased to assist you with this matter.

Under the Privacy Act of 1974, written permission of the individual whose records will be disclosed is required. This law was written to protect every American citizen from unauthorized disclosure of personal information without proper consent.

If the person whose file is involved will fill out the release form below, remembering to sign and date it, and return or fax it to the state office closest to you, I will make an inquiry on your behalf.

I grant permission to U.S. Senator Arlen Specter to request information on my behalf.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY# (if appropriate) \_\_\_\_\_

CLAIM OR I.D. NUMBER (if appropriate) \_\_\_\_\_

FEDERAL AGENCY  
INVOLVED \_\_\_\_\_

PROBLEM OR ASSISTANCE NEEDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_