

# COACH TOMMY TUBERVILLE

U.S. SENATOR  FOR ALABAMA

## Privacy Release Authorization

Federal Agency Involved: \_\_\_\_\_

Briefly describe your situation: (attach additional page, if necessary)

---

---

---

---

---

---

---

*In accordance with the 1974 Privacy Act, I do hereby give the **Office of Senator Tommy Tuberville** my consent to obtain any and all records or information necessary to assist me with my federal issue. I furthermore authorize any federal agency relevant to the matter listed above to give Senator Tuberville's staff any information pertaining to my claim and /or records. The information I have provided is true and accurate to the best of my knowledge and belief. The assistance I have requested is in no way an attempt to violate any federal, state, or local law.*

Full Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Account/Claim Number:** \_\_\_\_\_

While we are happy to work on your behalf, we typically avoid opening a constituent case that is currently being handled by another Senator or House member as this may cause delays in resolution.

Do you currently have an open case for the matter described above with another U.S. Senator or Representative?

NO.  YES    If YES, please provide the member's name: \_\_\_\_\_