



BOB CORKER

Privacy Release Form

Due to the restrictions of the Privacy Act of 1974, a signed consent form must be returned to Senator Bob Corker to allow for the viewing of any personal files and information. The information includes, but is not limited to, medical records relative to the inquiry.

In keeping with the Privacy Act of 1974; I _____, authorize any federal agency or department relative to my case, to provide information regarding my case/claim to U.S. Senator Bob Corker and staff.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CELL: _____

SOCIAL SECURITY or CLAIM NUMBER: _____

EMAIL ADDRESS: _____

Would you like to be added to our mailing list? Yes: _____ No: _____

DESCRIPTION OF REQUEST: _____

SIGNATURE: _____ DATE: _____

Mail the completed form addressed to "U.S. Senator Bob Corker." Be sure to include the appropriate office address for the county in which you live.

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