

Office of Senator William Cowan

PRIVACY ACT CONSENT FORM



The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent. Accordingly, I authorize the staff of Senator William Cowan to access any and all of my records that relate to the problem stated below.

Signature: _____

Date: _____

To begin processing your case, please complete all of the following information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

Please provide all information related to your case (attach more pages if necessary):

Date of Birth: _____ Social Security Number: _____

Federal agency you need help with: _____

Briefly explain the problem you are having with a federal agency or the information

desired*: _____

*Please forward relevant documents received by the federal agency with which you seek assistance.

Print and mail your completed form to :

Office of Senator William Cowan

One Bowdoin Square, 10th Floor

Boston, MA 02114

Phone - (617) 565-8519

Fax - (617) 248-3870