



# U.S. SENATOR TIM JOHNSON

## PRIVACY RELEASE STATEMENT

The Privacy Act of 1974 requires your written consent before a government agency will release information to our office regarding your case. To better serve you, please complete this form and return it to the South Dakota office nearest you. Please be aware that the person requesting assistance must sign this form.

### District Office Addresses:

- **Sioux Falls:** PO Box 1424, Sioux Falls, SD 57101
- **Rapid City:** PO Box 1098, Rapid City, SD 57709
- **Aberdeen:** PO Box 1554, Aberdeen, SD 57402

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

Claim\Loan Number (if applicable): \_\_\_\_\_

**I hereby authorize the office of U.S. Senator Tim Johnson to access my records and act on my behalf with any and all necessary entities.**

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