

To Whom It May Concern:

I have sought the assistance of Congressman Robin C. Hayes on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Hayes or any authorized member of his staff until this matter is resolved.

(Name of Claimant)

(Date of Birth)

(Address of Claimant)

(Social Security Number)

(A Number)

(Telephone Number)

(Signature of Claimant)

(Date)

Brief description of problem and/or information requested:

Please return form to:

Congressman Robin C. Hayes
137 Union Street South
Concord, North Carolina 28025