



Office of U.S. Senator Bill Cassidy, M.D.
Serving the Great State of Louisiana

Privacy Release Form

Name: _____

Address: _____ [City, State, Zip] _____

Phone: _____ Email: _____

Social Security No: _____ Veteran's Claim No: _____

Date of Birth: _____ Other claim, case or receipt number, if applicable: _____

For Use by: _____ [Federal Agency/Department Name]

Have you contacted any other elected official's office for assistance? If yes, which Office?

Summary: In order for Senator Cassidy to accurately advocate on your behalf, the federal agencies require you to provide a detailed summary of your issue on this form. "See attachment" is not acceptable. (Supporting documents should include a brief cover letter explaining their significance).

Please briefly list what you would like Senator Cassidy to appeal to the Federal Agency as your desired outcome:

Due to the Federal Privacy Act of 1974 (Public Law 93-579), and various Louisiana Privacy Laws, I hereby authorize the appropriate governmental agencies to release my information to the office of U.S. Senator Bill Cassidy regarding my request.

_____ Date

_____ Signature
(Electronic Signatures Not Acceptable)

****Please return this form to the office by mail, fax or email;
450 Laurel Street Suite 1400 Baton Rouge, LA 70801
(225) 929-7711 Phone
Casework_Cassidy@Cassidy.Senate.Gov**