



**Office of United States Senator Bill Cassidy, M.D.**  
**5555 Hilton Avenue, Suite #100**  
**Baton Rouge, LA 70808**  
**(225) 929-7711 Office**  
**(225) 929-7688 Fax**

**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 of Issue: (Please be as detailed as you can, including all dates, times and names of importance)

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Due to the Federal Privacy Act of 1974 (Public Law 93-579), and various Louisiana Privacy Laws, Federal and State government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials on your behalf; discuss the matter and receive any pertinent information.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature