

**PRIVACY RELEASE STATEMENT
SENATOR TIM JOHNSON**

Please return this form to:

Date: _____

Senator Tim Johnson

At the appropriate district office address:

- **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

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information without my permission.

I hereby authorize _____
(name of Federal/State agency or department)

to provide information on my claim/case to Senator Tim Johnson or his authorized staff.

(X) _____
Signature

Print Name

Street address or PO Box number

City, State, Zip Code

Home phone

Business phone

Social Security Number

Claim/File Number

If you wish information to be provided to a parent, child, attorney, or other interested party, please indicate so on the following space provided.

I hereby authorize Senator Johnson or his authorized staff to release information, relative to my request for assistance to the following person/organization:

Signature