



**REPRESENTATIVE GREG WALDEN**  
**2ND District – Oregon**  
**PRIVACY ACT CONSENT FORM**

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize Congressman Greg Walden or his representative to inquire with the following agency on my behalf:

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

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Federal Agency involved: \_\_\_\_\_

Veteran's Claim Number: \_\_\_\_\_

Military Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

Family Member Name: \_\_\_\_\_

Other Office Contacted: \_\_\_\_\_

Briefly explain the issue in which you are requesting assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that all information I provide Congressman Walden and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. I hereby authorize the release of any and all information by the above agency to Congressman Greg Walden and his staff, employees and/ or agents necessary to fully respond to the instant inquiry.

**In signing this release form, I acknowledge that all information I provide Congressman Walden and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. I hereby authorize the release of any and all information by the above agency to Congressman Greg Walden and his staff, employees and/ or agents necessary to fully respond to the instant inquiry.**

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

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

Please note: By federal law (18 USC, Sec. 205), neither Congressman Walden nor his staff can involve themselves in private legal matters or represent constituents in judicial proceedings.