

**Privacy Act Release Form
for U.S. Senator Mary L. Landrieu**

In compliance with the Privacy Act of 1974, I hereby authorize all agencies, departments, and private sector contacts to release all personal information pertaining to my case to Senator Mary L. Landrieu. I have asked for her assistance and give her my permission to pursue any inquiries she deems necessary.

Signature _____ Date: ___ / ___ / _____

(Please Print Below)

Name: _____

Address: _____

City/Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Other Number:(____) _____

Date of Birth: ___ / ___ / ___ Social Security Number: _____

Other claim, case, or receipt number, if applicable: _____

Type of Case: Social Security VA Other: _____

Brief Description of Problem:

If extra space is needed, please continue on an additional page.

Return to your local district office:

Shreveport

300 Fannin, Ste. 2240
Shreveport, LA 71101
Tel: (318) 676-3085
Fax: (318) 676-3100

Baton Rouge

Federal Building, Rm. 326
707 Florida St.
Baton Rouge, LA 70801
Tel: (225) 389-0395
Fax: (225) 389-0660

New Orleans

Hale Boggs Federal Bldg.
500 Poydras St., Ste. 1005
New Orleans, LA 70130
Tel: (504) 589-2427
Fax: (504) 589-4023

Lake Charles

Hibernia Tower
1 Lakeshore Dr., Ste. 1260
Lake Charles, LA 70629
Tel: (337) 436-6650
Fax: (337) 439-3762