Consent for Release of Personal Records by Executive Agencies

This form may be filled out online and then printed by clicking the PRINT FORM button at the bottom. You may also print the form and fill it out by hand. Please remember to sign your name at the bottom.

I am aware that the **Privacy Act of 1974** prohibits the release of information in my file without my approval. I authorize the _____ (agency) to provide information on my case/claim to Congressman Jerry Moran or his district representative.

Name: _____ **Soc. Sec. Number:** _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** AL _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Other: _____

Comments: _____

_____

_____

If you wish information to be provided to a parent, child, attorney, or other party, please indicate below:

I authorize _____ to receive information from Congressman Moran's office relative to my case/claim.

Signature: _____

Print Form

☐ Congressman Moran sends a weekly email newsletter to Kansans to help them stay informed about what is happening in Congress. If you would like to receive these updates, please check the box to the left.

Please return this form to:

U.S. Congressman Jerry Moran
P.O. Box 1128
Hutchinson, KS 67504-1128

If you have any questions, please call the district office at 620-665-6138.