

UNITED STATES SENATOR – WYOMING  
**MICHAEL B. ENZI**

Privacy Release Form

Dear Senator Enzi:

I give you permission to investigate my difficulties with:

\_\_\_\_\_

I understand that this form is being used in compliance with the Privacy Act of 1974.

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

*(Please Print Below)*

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

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

City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Brief description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:

Michael B. Enzi  
United States Senator  
1285 Sheridan Ave, Suite 210  
Cody, WY 82414