



Office of U.S. Senator Bill Cassidy, M.D.
Serving the Great State of Louisiana

Privacy Release Form

Name: _____

Current Address: _____ [City, State, Zip] _____

Phone: _____ Email: _____

Social Security No: _____ DOB: _____

Address of Damaged Property: _____ [City, State, Zip] _____

FEMA ID Number: _____ NFIP ID Number: _____ SBA Loan Number: _____

Notice: You must independently file claim or initiate appeal.

Summary: In order for Senator Cassidy to accurately advocate on your behalf, the federal agencies require you to provide a detailed summary of your issue on this form. "See attachment" is not acceptable. (Supporting documents should include a brief cover letter explaining their significance).

Please briefly list what you would like Senator Cassidy to appeal to the Federal Agency as your desired outcome:

Due to the Federal Privacy Act of 1974 (Public Law 93-579), and various Louisiana Privacy Laws, I hereby authorize the appropriate governmental agencies to release my information to the office of U.S. Senator Bill Cassidy regarding my request.

_____ Date

_____ Signature

****Please Return this form to the office by mail, fax or email;
 450 Laurel Street, Suite #1400 Baton Rouge, LA 70801
 Fax: (225) 383-3768 Phone: (225) 929-7711
 Casework_Cassidy@Cassidy.Senate.Gov**