

## PRIVACY CONSENT FORM

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

Name of Agency: \_\_\_\_\_

To Whom it May Concern:

I have sought assistance from Kansas Governor Sam Brownback on a matter that may require the release of information maintained by your agency. I hereby authorize you to release all relevant portions of my records or to discuss the issues involved in my case/claim with Governor Brownback or any authorized member of his staff until this matter has been resolved.

<b>Name</b>	
<b>Date of Birth</b>	
<b>Mailing Address</b>	
<b>City, State and Zip</b>	
<b>Home Phone</b>	
<b>Work Phone</b>	
<b>Social Security Number</b>	
<b>Case Number (if Applicable)</b>	

Have you talked to an attorney about your case? \_\_\_\_\_

If so, please indicate whom your attorney is and if we may contact them on your behalf.

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Have you contacted another office regarding this matter? \_\_\_\_\_

If so, please indicate which office(s)

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\_\_\_\_\_  
(Signature of Claimant)