

**Sample: Authorization to Release Information**

In accordance with the Privacy Act of 1974 (5 U.S.C. 552a, Public Law 93-579),

I, \_\_\_\_\_, hereby request and give my consent to the Bureau of Engraving and Printing to release the information described below to:

Name \_\_\_\_\_

Address \_\_\_\_\_

I understand that by signing this document, I authorize the release of the following information:

Description of Information

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