

PRIVACY ACT RELEASE FORM

(Please fill out document by hand in black or blue pen)

Military Friends Foundation
Meeting House Offices
121 Mount Vernon Street
Boston, MA 02108

Date: _____

To whom it may concern:

As required by the Privacy Act of 1974, I authorize the Military Friends Foundation to obtain information from any federal government records regarding me in connection with my grant application for the next 30 days.

Additionally, I authorize the Military Friends Foundation to speak with any parties they need to in reviewing and assessing my application for a determination on grant assistance for the next 30 days.

Name: _____ Signature: _____

DOB: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone Number: _____

Alternative Phone Number: _____