Office of Cerro Grande Fire Claims

Post Office Box 1480
Los Alamos, New Mexico 87544
Claims Information Helpline: 1-888-748-1853

Office of Cerro Grande Fire Claims

PRIVACY ACT RELEASE FORM

DATE: _____

To Whom It May Concern:

I am aware the Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information from my file without my approval. I hereby request that the Office of Cerro Grande Fire Claims(OCGFC) release verification information regarding my claim to the Cerro Grande Fire Scholarship Fund selection committee for eligibility certification for my child/dependant _____. The OCGFC will provide no other information to the scholarship committee other than verifying that I have a claim with the Office of Cerro Grande Fire Claims for the loss of my home as a result of the Cerro Grande Fire.

NAME: _____

CLAIM NUMBER: _____

CURRENT ADDRESS:

_____

_____

_____

ADDRESS LOST IN THE FIRE:

_____

_____

_____

CHILD/DEPENDENT'S NAME:

_____

_____ _____

Name **Date**