



PRIVACY RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing our office to obtain information needed to respond to your request for assistance. The information obtained should be only that which is related to the issue you presented to our office.

Name: TW [redacted]

E-mail address: [redacted]

Address: [redacted]

City: Houston State: TX Zip Code: 77085

Phone (Home): _____ Cell: [redacted] Work: _____

Social Security Number: [redacted] Date of Birth: [redacted]

Please provide any agency case numbers that reference your case (i.e. Tax ID No., Veterans Administration Claim No., Alien Registration No., Military ID No.) _____

Please explain the nature of your issue and attach any correspondence which supports this statement or which relates to your case: (If necessary, use additional paper.) William Bryant Brock was recruited to clean up the racism at the VW plant in New Stanton PA he was killed hrs after joining the \$70,000,000 million Dollar Class Action discrimination lawsuit against VW there was NO coroner's inquest performed yet his death was ruled suicide Mr Brock was Left Handed shot in the Back of the right side of his head the bullet entered above his right ear & exited the top of his head earlier that day he told friends that "I'll see you at the meeting" Monday, he told others he sold his Audi as he purchased a porch there was an alleged suicide note found near his body that was later analyzed by curtis Baggett & he's will to prove in court that letter was forge I've gone to the FBI, Washington County, & PA State police

Please state the outcome you are seeking: I'd like the u.s. Justice Department to examine the facts from surrounding the murdered & cover-up of William B. Brock & change / update his death Certificate to reflect homicide instead of suicide

I understand that for you to respond fully to my request, it may be necessary for your office to review federal records which may contain information you may need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to your office such information as you may require.

Further, by signing this form, I understand that your office HAS NOT ACCEPTED my case and that upon review of this form, your office will determine whether or not my case will be accepted and advise me of such.

Signature: [Handwritten Signature]

Date: 07/08/21