

Office of Congressman Matt Cartwright

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Other Phone: (_____) _____

Email: _____

Social Security Number/ VA Number / Alien Number: _____

Have you contacted any other elected official regarding this case? Yes/No (circle one) If so, who? _____

Please describe in detail the information you are requesting or the exact nature of the problem you are experiencing. Send copies of any relevant information. DO NOT SEND ORIGINALS. Use extra paper if necessary.

Note: The Privacy Act requires the completion of this form in order for Congressman Cartwright or his representative to receive information on behalf of his constituents. I hereby authorize Congressman Cartwright or his representative to receive information on my behalf and/or to discuss my records with *any* federal agency involved.

SIGNATURE: _____ Date: _____