

Privacy Act Release Form

Please complete the following release form and send it to:

<u>Congressman Bill Jenkins</u> 1207 Longworth Office Building Washington, D.C. 20515 (202) 225-6356 (202) 225-5714 fax	<u>Congressman Bill Jenkins</u> 320 West Center Street Post Office Box 769 Kingsport, Tennessee 37662 (423) 247-8161 (423) 247-1834 (fax)
--	---

PLEASE TYPE OR PRINT CLEARLY

Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE (H): _____ (W): _____

E-MAIL: _____ DATE of BIRTH: _____

SS #: _____ VA #: _____

IMMIGRATION/ALIEN #: _____

WORKERS COMP #: _____

OTHER #: _____

I authorize CONGRESSMAN BILL JENKINS or any member of his staff to obtain information about the following:

Privacy Act Release Form

1. Please explain your situation in detail.

2. Have you contacted any other local, state, or federal department or agency? If so, who did you talk with and what was the result? Give as much detail as possible including agency name and phone number.

3. What help do you need from Congressman Jenkins?

SIGNATURE: _____

Your signature is required after you have answered each question.