

## CONSTITUENT REQUEST FOR SERVICE PRIVACY ACT RELEASE

**Description of Your Situation:** (Please attach copies of any paperwork you may have received from any agency concerning your case. If you need more space, please attach additional sheets.)

Please list the Federal agencies that you feel should be contacted by Congressman Strickland:

Who have you contacted concerning your situation?

Name, address and telephone numbers where we may reach you:

In accordance with The Privacy Act (5 U.S.C. 522(a)), I authorize Congressman Ted Strickland to request assistance on my behalf in connection with my problems as he deems necessary.

Signature:	Date:	
Social Security Number:	County:	
Please return this form to:	Claim Number:	
Congressman Ted Strickland 254 Front Street Marietta, Ohio 45750	Phone: Toll free: Fax:	740-376-0868 1-888-706-1833 (in Ohio) 740-376-0886