



Office of Congressman J. Randy Forbes
Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	Date of Birth	_____
		(mm/dd/yyyy)	
Address _____			
City, State, and Zip Code _____			
Phone: Home () _____	Cell () _____	SSN	_____
Email _____			
Would you like to sign up to receive Congressman Forbes' weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please include the following information <i>only</i> if it pertains to your inquiry:			
Veterans Claim Number _____		CSA Number _____	

****Please attach a brief explanation of your situation and copies of any letters, correspondence or other pertinent documents regarding your case.**

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman J. Randy Forbes or any authorized member of his staff until the matter is resolved.

Signature _____ Date _____
(mm/dd/yyyy)

Please return this form by mail or fax to: Congressman J. Randy Forbes
(care of the nearest district office)

Emporia
425-H South Main Street
Emporia, VA 23847
Ph: (434) 634-5575
Fax: (434) 634-0511

Chesapeake
505 Independence Pkwy, Ste. 104
Chesapeake, VA 23320
Ph: (757) 382-0080
Fax: (757) 382-0780

Colonial Heights
2903 Boulevard, Suite B
Colonial Heights, VA 23834
Ph: (804) 526-4969
Fax: (804) 526-7486