

Office of Congressman Steny H. Hoyer (MD-05)

Privacy Release Form

SOCIAL SECURITY #: _____

DATE: _____

V.A. CLAIM #: _____

ALIEN #: _____

Please Return by mail or fax:

*If you live in Prince George's, Anne
Arundel or Calvert County*

*If you live in Charles or St. Mary's
County*

**Congressman Steny H. Hoyer
U.S. District Courthouse
6500 Cherrywood Lane, Suite 310
Greenbelt, MD 20770
Fax (301) 474-4697**

**Congressman Steny H. Hoyer
401 Post Office Road, Suite 202
Waldorf, MD 20602
Fax (301) 843-1331**

Dear Congressman Hoyer:

I request your assistance in resolving the following problem I am having with the [agency]:

**Please explain your problem here. Provide dates, locations, etc. Use reverse side
of page if necessary:**

**In compliance with the Privacy Act, Congressman Hoyer is authorized to request any
information that is required to assist me.**

Signature: _____ **Telephone:** _____

Print Your Name: _____

Address: _____

Street

E-mail Address: _____