

OFFICE OF REPRESENTATIVE MARY JO KILROY
Ohio's 15th Congressional District

CASE INFORMATION AND PRIVACY RELEASE FORM

To begin processing, complete the following information (please print):

Name: _____

Address/City/Zip: _____

Phone:(_____)_____ Cell:(_____)_____ Work:(_____)_____

Email address: _____

Federal Agency: _____ Case #: _____

Social Security #: _____ Date of Birth: _____

Briefly explain your concern (Include additional pages if needed and copies of any documentation which may help expedite your inquiry. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.)

In accordance with the "Right to Privacy Act," I hereby request the assistance of the office of Representative Mary Jo Kilroy to resolve the matter described above. I authorize Representative Mary Jo Kilroy and her staff to receive any information that they might need to provide this assistance.

The information I have provided to Representative Mary Jo Kilroy is true and accurate to the best of my knowledge and belief. The assistance I have requested from Representative Mary Jo Kilroy's office is in no way an attempt to evade or violate any federal, state or local law.

SIGNED: _____ **DATE:** _____

Please return this completed form and any other relevant information to:
Representative Mary Jo Kilroy, 1299 Olentangy River Road, Suite 200, Columbus, OH 43212
Phone: (614) 294-2196 Fax: (614) 294-2384