



# Congressman Jim Cooper

Proudly Serving Tennessee's Fifth District

## Privacy Act Release Form

Due to the enactment of Public Law 93-579, the "Privacy Act," it is necessary to complete and sign the following form, which authorizes Congressman Jim Cooper to make any necessary inquiry and/or intercession on your behalf in connection with the agency or program with which you have requested assistance. Any information obtained will only be used in conjunction with the problem presented to the Congressman.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VA Number: \_\_\_\_\_ INS Number: \_\_\_\_\_

Notes on Case: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Please send completed form to:*

**Congressman Jim Cooper**

605 Church Street  
Nashville, TN 37219