

## PRIVACY ACT AUTHORIZATION & RELEASE

**Note:** The Federal Privacy Act requires that this office receive written authorization under the Act prior to undertaking inquiries with Federal agencies or departments on behalf of a constituent. Upon receipt of a completed and executed copy of this form, this office will endeavor to make inquiries on behalf of the constituent and otherwise render such assistance to the constituent as may be reasonable under the circumstances. However, neither Congressman Linder nor any member of his staff is authorized or otherwise able to make final decisions on behalf of any federal, state or local department or agency.

--- PLEASE PRINT ---

**NAME: Mr./Mrs./Ms:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**VETERAN'S CLAIM NO. (IF APPLICABLE):** \_\_\_\_\_

**OTHER IDENTIFYING NO. (IF APPLICABLE):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**AUTHORIZATION & RELEASE:** *I hereby authorize and grant permission to U.S. Congressman John Linder of Georgia's Seventh Congressional District and members of his congressional staff to make such inquiries of federal, state and local government agencies and departments and to take such other actions on my behalf as they may deem necessary or appropriate to assist me with respect to the subject of this authorization and all matters related thereto, and I release Congressman Linder and members of his congressional staff of any liability arising from said inquiries or other actions on my behalf.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DESCRIPTION OF PROBLEM OR CONCERN (ATTACH ADDITIONAL SHEET, IF NECESSARY):**

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**ATTACHMENTS - CORRESPONDENCE & ADDITIONAL INFORMATION:** Please attach photocopies of all related correspondence and such additional information as may be necessary to assist in the understanding and handling of your inquiry. Remember to retain copies for your own files.

**RETURN ADDRESS:** Please return your completed form, together with attachments, to:

**The Honorable John Linder  
U.S. House of Representatives  
1026 Longworth House Office Building  
Washington, D.C. 20515-1007  
Office – 770-232-3005  
FAX – 770-232-2909**

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