



CONGRESSWOMAN CAROLYN CHEEKS KILPATRICK
PRIVACY ACT RELEASE FORM

Please print in blue or black ink.

Constituent's Name _____ Date of Birth ____/____/____

Social Security Number _____ Case Number _____

Spouse's Name _____ Date of Birth ____/____/____

Mailing Address _____

City, State, Zip _____ Telephone Number _____

DESCRIPTION OF INQUIRY OR CLAIM

Briefly describe the problem or issue you would like Congresswoman Kilpatrick to inquire about on your behalf. Please indicate the federal agency you want the office to contact and explain the steps you have taken to resolve your issue with this agency. Attach a copy of most recent communication you have sent and/or received from the agency to this form.

(Continue description on back of this form if necessary.)

Check all boxes that apply:

- I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to the Privacy Act, I give my personal and authorized consent to Congresswoman Carolyn Cheeks Kilpatrick or her designated staff representative to make proper inquiry on my behalf to the appropriate agency.
- I would also like information to be shared with a parent, child, attorney, or other interested party. I authorize Congresswoman Kilpatrick or her designated staff representative to share information relative to my claim/case with the person identified below. (Write person's name, address, and phone number on the line below.)

Constituent's Signature

Date