



Congressman Charlie Melancon 3rd Congressional District-LA

404 Cannon House Office Building-Washington, DC 20515

**1201 S. Purpera Ave.,
Suite 601
Gonzales, LA 70737
Phone (225) 621-8490
Fax (225) 621-8493**

8201 W. Judge Perez Dr.
Chalmette, La 70043
Phone (504) 271-1707
Fax (504) 271-1756

423 Lafayette St.
Suite 107
Houma, LA 70360
Phone (985) 876-3033
Fax (985) 872-4449

124 East Main St.,
Suite 220-A
New Iberia, LA 70560
Phone (337) 367-8231
Fax (337) 369-7084

Privacy Release Form

Name: _____ Home Ph. _____
Address _____ Work Ph. _____
City/State/Zip _____ Cell Ph. _____
Date of Birth _____ Email _____

Social Security Number or ID: _____

Agency of Contact: _____

Veteran's Claim Number (if applicable) _____

Tax Year Involved IRS (if applicable) _____

Alien Registration Number (if applicable) _____

INS Texas Service Center Receipt (SRC No.) (if applicable) _____

Nature of Problem (How would you like the Congressional Office to assist you? *Please give a full explanation of your case on this form.*)

I understand that under the provisions contained in the Privacy Act of 1974, Federal government agencies may not release records without an individual's written consent. I hereby authorize Congressman Charlie Melancon and his staff to make the necessary inquiries on my behalf and to obtain all necessary information regarding my request.

Date _____

Signature _____