

## Office of Congresswoman Donna F. Edwards Privacy Release Form

In accordance with Title 5, Section 552(a) of the U.S Code (the Privacy Section), I hereby authorize Congresswoman Donna F. Edwards to request assistance on my behalf. I also authorize disclosure of my records to Congresswoman Donna F. Edwards or her designated representative for a period of one year from the date below.

### **Contact Information**

**Name:**

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**Address:**

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**Email Address:**

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**Telephone Numbers:**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Federal agency you are requesting assistance with:**

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**Please state the nature of the request, problem or complaint on which you would like assistance. Also state your desired resolution to the issue. If you have additional pertinent documents, please call one of our district offices to verify the documents that are necessary for our staff to handle your inquiry.**

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Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case/Receipt Number: \_\_\_\_\_

*I authorize the Office of Congresswoman Donna F. Edwards to make inquires on my behalf:*

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*Signature*

*Date*

**Please return this signed form and all supporting documents to:**

**Office of Congresswoman Donna F. Edwards**

**Montgomery County**

8730 Georgia Avenue, Suite 209

Silver Spring, Maryland 20910

301-562-7960 main

301-562-7964 fax

**Prince Georges County Office**

5001 Silver Hill Road, Suite 106

Suitland, Maryland 20746

301-516-7601 main

301-516-7608 fax

District Email: [4mddistrict@mail.house.gov](mailto:4mddistrict@mail.house.gov)