

Congressman

André Carson

Indiana 7th District

PRIVACY ACT RELEASE

please print

Constituent's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Social Security Number: _____ Any Other ID Number: _____

Daytime Phone Number: _____

Date of Birth: _____

Spouse's Name: _____

DESCRIPTION OF INQUIRY OR CLAIM

What agency do you want Congressman Carson to contact?

What steps have you taken to resolve your issue with this agency?

Attach the most recent correspondence from the agency to this form.

Briefly describe the problem or question(s) you want Congressman Carson to inquire about for you:

(continue on reverse side)

Attach a copy of the most recent correspondence from the agency to this form.

Pursuant to the Privacy Act, I (print your name) _____ give my personal and authorized consent to Congressman Andre Carson, or his designated staff representative, to make proper inquiry on my behalf to the appropriate agency.

Constituent's Signature

Date