

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-4901

**Privacy Act Release/Casework Request Form**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I prefer to receive correspondence by E-mail (if provided above): YES \_\_\_\_\_ NO \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Veteran's Number: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

**The Problem Is: (attach an additional sheet(s) if necessary)**

**\*\*Privacy Act Release\*\***

I request and authorize U.S. Representative Paul Ryan to act on my behalf and to receive information from proper officials regarding the matter described above. Congressman Ryan is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to:  
**Congressman Paul Ryan**  
**20 South Main Street, Suite 10**  
**Janesville, WI 53545**  
**Phone: (608) 752-4050**  
**(toll-free in Wisconsin – 1-888-909-RYAN (7926))**  
**Fax: (608) 752-4711**

**\*\*\* Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Ryan to make the necessary inquiries on your behalf.**