



Office of Congressman H. Morgan Griffith
Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	Date of Birth	_____
		(mm/dd/yyyy)	
Address _____			
City, State, and Zip Code _____			
Phone: Home (____)	_____	Cell (____)	_____
		SSN	_____
Email _____			
Would you like to sign up to receive Congressman Griffith's e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please include the following information <i>only</i> if it pertains to your inquiry:			
Veterans Claim Number	_____	CSA Number	_____

****Please attach a separate sheet with a brief explanation of your situation and copies of any letters, correspondence or other pertinent documents regarding your case.**

I have sought assistance from Congressman H. Morgan Griffith on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman H. Morgan Griffith or any authorized member of his staff until the matter is resolved.

Signature _____ Date _____
(mm/dd/yyyy)

Please return this form by mail or fax to: Congressman H. Morgan Griffith
(in care of the nearest district office)

Abingdon
323 West Main Street
Abingdon, VA 24210
(276)525-1405(office)
(276)525-1444(fax)

Christiansburg
17 West Main Street
Christiansburg, VA 24073
(540)381-5671(office)
(540)381-5675(fax)