



OFFICE OF CONGRESSMAN ROBERT HURT
5TH DISTRICT OF VIRGINIA

PRIVACY ACT RELEASE FORM

TO WHOM IT MAY CONCERN:

It is my understanding that pursuant to the Privacy Act of 1974, a signed permission must be obtained for a Member of Congress to make an inquiry through any federal agency into the personal files of a constituent. Therefore, this is to authorize the release to **Congressman Robert Hurt of Virginia**, any information from my file that may be helpful in connection with the inquiry on my behalf.

Signature

Date

Print Full Name

Date of Birth

Mailing/Street Address

Telephone Number(s) Including Area Code

City, State, Zip Code

Email

Social Security Number

Case/File Number

Federal Agency Involved

If Applicable, Branch of Service and Military Rank

Please describe the situation for which you are requesting Congressional assistance and provide copies of supporting documentation, if available. Please use the back for additional information.

RETURN FORM TO:

308 Craghead Street, Suite 102-D
Danville, Virginia 24541
Tel: (434) 791-2596

**IN ORDER FOR US TO ASSIST YOU WITH YOUR
INQUIRY, AN ORIGINAL ENDORSED FORM MUST
BE RETURNED TO THE ADDRESS ON THIS FORM.**