



PRIVACY RELEASE FORM- OFFICE OF CONGRESSMAN STEVE AUSTRIA

Due to the Privacy Act of 1974 (Public Law 93-579), Federal government agencies are prohibited from releasing information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes Congressman Steve Austria and his staff to make any inquiry they deem necessary and receive any pertinent records on your behalf.

(Please Print Clearly)

Mr./Mrs./Ms. Full Name: _____ Nick Name: _____

Address of Residence: _____

City/State/Zip: _____ County _____

Home #: _____ Work #: _____ Fax #: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Federal Government Agency Involved: _____

Please include the following information only if it pertains to your inquiry:

Military ID #: _____ Veteran's Claim #: _____

Military Branch, Rank & Unit: _____

Medicare #: _____ CIS # or DOS Receipt #: _____

Please briefly describe your situation or the information desired. **Attach additional pages if necessary. Be sure to provide any necessary documentation along with this form.**

I request and authorize that the agency or agencies involved have my consent to disclose information from my records with the agency or agencies to the Office of Congressman Steve Austria that will benefit the office in acting on my behalf.

Signature: _____ Date: _____

Forward to the closest District Office:

The Honorable Steve Austria, Springfield District Office- 5 W. North St., Ste. 200, Springfield, OH 45504.

Phone: (937) 325-0474, Fax: (937) 325-9188

The Honorable Steve Austria, Lancaster District Office- 207 S. Broad St., Lancaster, OH 43130.

Phone: (740) 654-5149, Fax: (740) 654-7825

