## Office of Congresswoman Donna F. Edwards Privacy Release Form

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Congresswoman Donna Edwards or her designated representative for a period of one year from the date below.

Name:			
Address:			
Email Address:			
Home:	Work:	Mobile:	
Social Security Number:		Date of Birth:	
Federal Agency you requ	esting assistance with	h:	
Case/Receipt Number:		VA Claim Number	
Mortgage Loan Number			
state your desired resolut	ion to the issue. Incl	or complaint on which you would like assistance ude copies of all relevant documents and notices	S.
	f Congresswoman D	onna Edwards to make inquires on my behalf	***
Signature		Date	

Please return this signed form and all supporting documents to: Office of Congresswoman Donna F. Edwards

Prince George's County Office 5001 Silver Hill Road, Suite 106 Suitland, Maryland 20746 301-516-7601 main 301-516-7608 fax Anne Arundel County Office 877 Baltimore Annapolis Boulevard Ritchie Court Office Building, Suite 101 Severna Park, MD 21146 410-421-8061/410-421-8065 (fax)