## 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	ıesting assistance witl	h:	
Case/Receipt Number:_		VA Claim Number	
Mortgage Loan Number	r		
		ude copies of all relevant documents and	
I authorize the Office o	of Congresswoman D	onna Edwards to make inquires on my	j 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

District Email: 4mddistrict@mail.house.gov