

Today's Date: _____

Office Receipt Date: _____

PRIVACY ACT RELEASE FORM

(PLEASE TYPE OR PRINT – Please note that if you type on this form, a physical signature is still required.)

Section I – PERSONAL INFORMATION

Full Name: _____ Email Address: _____

Address: _____
 (City) (State) (Zip)

Telephone #s: _____ | _____ | _____

Birth Date: _____ Social Security #: _____ Marital Status: _____

Section II – ADDITIONAL INFORMATION

Federal Agency(ies) for which you are requesting assistance: _____

Agency Case Number(s) _____ Spouse's Name (if applicable) _____

Spouse's DOB (if applicable) _____ Spouse's SSN # (if applicable) _____

Caregiver's Name & Contact Info (if applicable) _____

Please provide the names of those individuals whom we may discuss your case with. This office can only discuss your case with the agency and yourself unless listed below (ex: family members, attorneys, other, etc.)

Section III- WRITE BRIEF & CONCISE STATEMENT REGARDING CONCERN - REQUEST

(continue on another page if necessary)

- Is any other Member of Congress working on this matter? ___ Yes ___ No (If yes, who?) _____
- Are any non-affiliated government programs or agencies working on this matter? ___ Yes ___ No
 (If yes, what is their name & contact information?) _____

I authorize Congressman Brett Guthrie, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

Signature: _____ Date: _____

RETURN YOUR COMPLETED FORM ONE OF THE FOLLOWING WAYS:

E-mail: guthrieassistance@mail.house.gov | Fax: 270-842-9081
 U.S. Mail: 996 Wilkinson Trace, Suite B2, Bowling Green, KY 42103