

Congress of the United States
House of Representatives
Washington, DC 20515-4608

Privacy Release Form

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone (home): _____ - _____ - _____ Phone (work or cell): _____ - _____ - _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

-Please provide any agency case numbers regarding your case (i.e. Tax I.D. number, Veterans Administration claim number, Alien Registration number, Military I.D., etc.) _____

-Please explain the nature of your problem and attach any correspondence which supports your statements or which relates to your case. (If necessary, use additional paper.)

-Please state the outcome(s) you are seeking: _____

I am aware that the Privacy Act of 1974 prohibits the release of information regarding my case without my express written approval. Therefore, I authorize the release of information regarding my concerns to the office of Congressman Donald S. Beyer, Jr.

Signed: _____

Date: _____

Please print this form, complete it and return it to:

Congressman Donald S. Beyer, Jr.
5285 Shawnee Rd, Suite 250
Alexandria, VA 22312
E-mail: beyer.district.office@mail.house.gov
Phone: 703-658-5403
Fax: 703-658-5408