



**Congressman Hank Johnson**  
**4<sup>th</sup> Congressional District of Georgia**  
**Privacy Release Form**

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Would you like to subscribe to Congressman Johnson's e-newsletter? Yes: \_\_\_ No: \_\_\_  
 Do you currently have an attorney/veteran service representative working with you? Yes: \_\_\_ No: \_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide any applicable identifying information:**

Social Security Number: \_\_\_\_\_ Alien Number: \_\_\_\_\_  
 Veterans Claim Number: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Case/Claim Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
 Other(s): \_\_\_\_\_  
 Lender & Account Number: \_\_\_\_\_  
 Agency Involved: \_\_\_\_\_  
 When did you last receive correspondence from the agency: \_\_\_\_\_

Briefly describe the nature of the assistance you are requesting. You may attach any additional documentation.

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The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express written permission of the person involved. Disclosure of personal records to a Congressman who is acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented. I, the undersigned, hereby authorize the release of all pertinent information to and by Congressman Johnson or his representatives to make an inquiry on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Please return signed form to:  
 5240 Snapfinger Park Drive  
 Suite 130  
 Decatur, GA. 30035  
 Phone: 770-987-2291 Fax: 770-808-2056