

SIGNATURE:

OFFICE OF CONGRESSMAN JODY HICE

10TH DISTRICT OF GEORGIA

100 Court Street Monroe, GA 30655 (770) 207 - 1776 Office (770) 266 - 6751 Fax

DATE:

PRIVACY ACT RELEASE

Contact Information: Please provide your mailing address. If either your physical or mailing address is located outside the 10th Congressional District of Georgia, please explain in your statement below.

PREFERRED TITLE: MR. MS. N	MRS. DR. OTHER:		
NAME:			
ADDRESS:		COUNTY:	
CITY:	STATE:	ZIP:	
DAYTIME PHONE:	MOBILE PHONE:		
FAX:	EMAIL:		
Alternate Contact: If you would like to authorize another pename and phone number. If an attorney represents you, please n	*	r case, you must state his or her	
ALTERNATE CONTACT NAME:	PHONE NUMBER(S):		
Identification: Not all the following identification pertains to identification relevant to your case.	your concerns. Please provide your social secun	rity number, date of birth and any other	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:		
VA FILE NUMBER:	CLAIM NUMBERS:	CLAIM NUMBERS:	
USCIS RECEIPT NUMBER(S):	OTHER:		
office. Please attach copies of any documents important to your STATEMENT:	cuse.		
I, (print your name)	, authorize (agency name)	to release	
information contained in my (agency name) permitted by law, to Congressman Jody Hice and the I certify, under penalty of perjury, that 1) I provided or authoriz	records as relevant to checki Member's staff.	ng my case status, and to the extent	
reviewed and understand all of the information contained in my correct. Pursuant to the requirements of the Privacy Act, PL 93- respectfully request their assistance in resolving my case.	privacy release and submitted with it; and 3) all	of this information is complete, true, and	