

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.	MRS.	DR.	OTHER:		
NAME:							
ADDRESS:						COUNTY:	
CITY:				STATE:		ZIP:	
DAYTIME PHONE:				MOBILE PHON	IE:		
FAX:			EMA	IL:			
Alternate Contact: If you name and phone number. If a ALTERNATE CONTACT NA	ın attorney re		-		us in reference to your	case, you must state	his or her
dentification: Not all the dentification relevant to you	following ide	entification pert	ains to your con			ity number, date of bir	rth and any other
SOCIAL SECURITY NUMBER:				DATE OF BIRTH:			
A FILE NUMBER:				CLAIM NUMBERS:			
USCIS RECEIPT NUMBER(S):				COUNTRY OF BIRTH (if USCIS):			
[, (print your name) nformation contained in permitted by law, to Con		cy name)		records as	e (agency name) relevant to checkin		
certify, under penalty of per eviewed and understand all correct. Pursuant to the requ	jury, that 1) of the inform	I provided or an	uthorized all of i l in my privacy r	the information in elease and submit	tted with it; and 3) all		