



Congressman Hank Johnson
4th Congressional District of Georgia
Social Security Privacy Release Form

Name: _____ M ___ F ___ Date of Birth: _____
 Address: _____ Place of Birth: _____
 City: _____ State: _____ Zip Code _____ Phone #: _____
 Email: _____ Mother's Maiden Name: _____
 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: ___

Please provide any applicable identifying information:

Social Security Number: _____ Alien Number: _____
 Veterans Claim Number: _____ Branch: _____
 Case/Claim Number: _____ Date Filed: _____
 Other(s): _____ Lender & Account #: _____
 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.

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 H. Johnson or his representatives to make an inquiry on my behalf. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

Print Name: _____ **Date:** _____

Signature: _____

Please return signed form to:
 5240 Snapfinger Park Drive
 Suite 140
 Decatur, GA 30035
 Phone: 770-987-2291 Fax: 770-808-2056