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

Name: _____ **M** ◯ **F** ◯ **Date of Birth:** _____
Address: _____ **City:** _____
State: _____ **Zip Code** _____ **Email:** _____
Home Phone: _____ **Cell Phone:** _____
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:** ◯
If yes, Name: _____ **Phone #:** _____

Please provide any applicable identifying information:

Social Security Number (*DO NOT WRITE* for immigration cases): _____
Country of Birth (*ONLY* for cases with USCIS): _____ **Alien Number:** _____
VA 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.

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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 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

Print Form