



# Congressman André Carson

INDIANA'S 7TH CONGRESSIONAL DISTRICT

## PRIVACY ACT RELEASE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The federal agency I need assistance with is:

The issue I am having is:

The resolution I am seeking is:

Social Security #/ Case #/ Receipt #, etc: \_\_\_\_\_

(Please provide the appropriate identification number pertaining to your inquiry).

Place of Birth: \_\_\_\_\_ (For USCIS Cases Only)

Have you contacted any other elected officials regarding this case? Yes No

If yes, who? \_\_\_\_\_

**\*\*\*Please include copies of relevant information/paperwork/documents (DO NOT SEND ORIGINALS).**

Pursuant to the Privacy Act of 1974, I (print name) \_\_\_\_\_ give my personal and authorized consent to the Office of Congressman André Carson to make proper inquiry on my behalf to the appropriate agency. All information provided is accurate to the best of my knowledge and understanding.

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

(Please print and sign, do not sign electronically)

I would like to receive e-newsletters and other important information from Congressman Carson.

**Please return this form to:**

Office of Congressman Carson, 300 East Fallcreek Parkway North Drive, Suite 300 Indianapolis, IN 46205

Phone: 317-283-6516