

Office of Congressman Matt Cartwright

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Place of birth, if other than U.S.A. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Other Phone: (_____) _____

Email: _____

Social Security Number/ VA Number / Alien Number: _____

Have you contacted any other elected official regarding this case? Yes/No (circle one) If so, who? _____

Please describe the information you are seeking or the assistance you are requesting. Send copies of any relevant information. DO NOT SEND ORIGINALS.

Note: The Privacy Act requires the completion of this form in order for Congressman Cartwright or his representative to receive information on behalf of his constituents. I hereby authorize Congressman Cartwright or his representative to receive information on my behalf and/or to discuss my records with *any* federal agency involved. I certify, under penalty of perjury, that all of the information provided is complete, true, and correct.

SIGNATURE: _____ Date: _____