## Privacy Release Form Military

Name of Service Mo	ember: $\underline{\hspace{1cm}}$ (First)		(M)	(Last)	
Social Security Nu		Dat		(Llast)	
Home Phone:	Cel	l Phone:			
Email Address:					
Would you like to r	eceive Representati	ve Hollingsworth	n's email new	sletters?Ye	sNo
How did you hear a	bout the services ye	our congressional	l office has to	offer?	
Military Branch:					
Unit of Assignment	<b>:</b>				
Legal Residence:	(Street)				
Duty Station	(City)	(State)	(Zip)		
Military Rank:					
Military Status:	Active Duty	Reserve	Guard	Separated _	Retired
Have you previousl who?					e? If yes,
Did you receive a re	esponse?Yes _	No			
If so, please list:					_

Have you contacted any other elected officials about this issue?Yes No
Did you receive a response?Yes No If so, please list:
Please briefly describe the issue for which you are requesting assistance and be specific as to what you hope the outcome to be:
If you wish to authorize the release of information regarding your case to a third party, please provide their names and relationship (Ex. spouse, child, etc.):
Constituent Authorization: I hereby request the assistance of Representative Trey Hollingsworth to resolve the matter described above. I authorize Trey Hollingsworth and his staff to receive any information that they might need to provide this assistance.
The information I have provided to Representative Trey Hollingsworth is true and accurate to the best of my knowledge and belief. The assistance I have requested from Mr. Hollingsworth's office is in no way an attempt to evade or violate any federal, state, or local law. This must be signed by involved constituent or legally appointed representative.
SIGNATURE: DATE:

Please complete form and return to the following address:

Representative Trey Hollingsworth ATTN: Shelly Watkins 321 Quartermaster Court Jeffersonville, IN 47130

Please attach a copy of any documents that may be helpful to us.