

Privacy Release Form

Name (please print): _____
(First) (M) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Would you like to receive Representative Hollingsworth's email newsletters? ___Yes ___No

Federal Agency Involved: _____

Social Security Number: _____

How did you hear about the services your congressional office has to offer? _____

Have you contacted any other elected officials about this issue? ___Yes ___No

If yes, who? _____

Did you receive a response from their office? ___Yes ___No

If so, please list: _____

Please 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.