



.....→ **PRIVACY RELEASE FORM**

PRIVACY ACT RELEASE FORM

(From the Office of Congressman Mike McIntyre)

Name (Please Print): _____

Date of Birth _____

Address: _____

City, State, Zip Code: _____

Telephone Number (Home): _____ (Work:) _____

PLACE A CHECK MARK IN THE APPROPRIATE SPACE BELOW

Request _____ Case _____ Opinions/Suggestion _____ Legislation _____

OFFICE CONTACTED FOR ACTION

Washington _____ Fayetteville _____ Lumberton _____ Wilmington _____ Mobile Office _____

PRIVACY ACT STATEMENT

Dear Honorable Mike McIntyre, I authorize your office to obtain any information pertaining to my request for assistance with a matter involving the following government agency:

Identification Number _____

Social Security Number _____ VA File Number _____

OPM Claim Number _____

Worker's Compensation Number _____

Signature _____

Date: _____

**REMARKS: Continue remarks on the back of this form or on a separate sheet of paper, if necessary.
Please include a copy of the latest communication from the government agency, if applicable.**