



PRIVACY FORM



COUNTY _____ DATE _____

HAVE YOU CONTACTED CONGRESSMAN ROGERS BEFORE? _____

NAME _____

ADDRESS _____

HOME PHONE _____ OTHER PHONE _____

DATE OF BIRTH _____ SOC. SECURITY # _____

VAC# _____ MARRIED? _____ SPOUSE'S NAME _____

NUMBER OF CHILDREN UNDER AGE 18? _____ OTHER ID #s _____

TOTAL INCOME OF ALL FAMILY MEMBERS _____

FROM WHAT SOURCES? _____

DESCRIPTION OF INQUIRY OR CLAIM

(Be sure to complete this section)

******(Continue on the back if necessary)**

PRIVACY ACT RELEASE

I herby authorize Congressman Harold Rogers (KY-05) and those acting on his behalf, in order to be of assistance to me, to obtain information about me in accordance with applicable laws and regulations.

(X) SIGN HERE: _____ **DATE:** _____

**PLEASE MAIL TO: OFFICE OF U.S. CONGRESSMAN HAL ROGERS
ATTENTION: CASEWORK
551 CLIFTY STREET
SOMERSET, KY 42501**

NOTE: IF YOU HAVE QUESTIONS, PLEASE CALL: 1(800) 632-8588.

OFFICE USE ONLY:
STAFF PERSON _____ CASE _____