

Congressman Duncan's Privacy Release Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize you and your staff to request information from any federal agency or department in reference to my inquiry. This authorization includes written and telephonic correspondence as well as any other means of communication. The federal agency or department is authorized to furnish you copies of any documents, correspondence or information, including medical records, relative to my inquiry.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HOME) _____ (WORK) _____

PLACE AND DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER ID NUMBER (FILE, CASE, ETC.) _____

BRIEFLY EXPLAIN THE PROBLEM. PLEASE ATTACH ADDITIONAL COPIES OF ANY RELEVANT INFORMATION.

DATE _____ SIGNATURE _____

PLEASE RETURN COMPLETED FORM TO:

THE HONORABLE JOHN J. DUNCAN, JR.
800 MARKET STREET
SUITE 110
KNOXVILLE, TENNESSEE 37902