

**Office of Congressman Steny H. Hoyer (MD-05)**

**Privacy Release Form**

**SOCIAL SECURITY #:** \_\_\_\_\_  
**V.A. CLAIM #:** \_\_\_\_\_  
**ALIEN #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please Return by mail or fax:**

*If in you live in Prince George's, Anne  
Arundel or Calvert Counties*

*If in you live in Charles or St. Mary's  
County*

**Congressman Steny H. Hoyer  
U.S. District Courthouse  
6500 Cherrywood Lane, Suite 310  
Greenbelt, MD 20770  
Fax (301) 474-4697**

**Congressman Steny H. Hoyer  
401 Post Office Road, Suite 202  
Waldorf, MD 20602  
Fax (301) 843-1331**

**Dear Congressman Hoyer:**

**I request your assistance in resolving the following problem I am having with the [agency]:**

\_\_\_\_\_

**Please explain your problem here. Provide dates, locations, etc. Use reverse side of page if necessary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In compliance with the Privacy Act, Congressman Hoyer is authorized to request any information that is required to assist me.**

**Signature:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Street City Zip**

**E-mail Address:** \_\_\_\_\_