



CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

Privacy Act Form

Pursuant to the terms of the Privacy Act of 1974 and the HIPAA Act of 2003, I hereby authorize United States Representative Tim Holden, or any member of his staff he may designate, to receive any relevant information contained in any military, personnel, or other pertinent Federal agency records for the purpose of assisting me with my inquiry.

Name: _____

Signature: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) _____ Work Phone (____) _____

Social Security Number: _____ Date of Birth: ____/____/____

Date Signed: ____/____/____

Please return to your local county office:

Berks County

Congressman Tim Holden
4918 Kutztown Road
Temple, PA 19560
610-921-3502

Dauphin/Perry County

Congressman Tim Holden
1721 North Front Street #105
Harrisburg, PA 17102
717-234-5904

Lebanon County

Congressman Tim Holden
758 Cumberland Street
Lebanon, PA 17042
717-270-1395

Schuylkill County

Congressman Tim Holden
101 North Centre Street #303
Pottsville, PA 17901
570-622-4212

SRBC OFFICE BUILDING
1721 NORTH FRONT STREET, SUITE 105
HARRISBURG, PA 17102
(717) 234-5904

758 CUMBERLAND STREET
LEBANON, PA 17042
(717) 270-1395

101 NORTH CENTRE STREET, SUITE 303
POTTSVILLE, PA 17901
(570) 622-4212

4918 KUTZTOWN ROAD
TEMPLE, PA 19560
(610) 921-3502