



Congressman
Steve Scalise

PRIVACY RELEASE FORM

Federal Agencies are prohibited by law from releasing any information or discussing an individual without that individual's permission. As required by the Federal Freedom of Information and Privacy Act, I hereby authorize Congressman Steve Scalise or his designated staff to access information concerning me in the files of:

(Federal Department or Agency)

Name: _____ Date of Birth ____/____/____

Mailing Address: _____

City, State, Zip: _____

E-Mail Address: _____

Telephone: Home () _____ Work () _____ Cell () _____

List any or all identifying numbers which might apply to your situation:

Social Security #: _____ VA: _____

Immigration "A" Number: _____ Date Filed: ____/____/____

Case Number: _____ Others: _____

Briefly state the nature of your problem (be specific): _____

Briefly state the outcome you are seeking: _____

(If you need additional space, please use another sheet of paper.)

Signature: _____ Date: _____

PLEASE MAIL OR FAX THIS FORM TO THE OFFICE LOCATED CLOSEST TO YOUR RESIDENCE:

Congressman Steve Scalise

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