



# Congressman J. Gresham Barrett

## Privacy Authorization Form

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

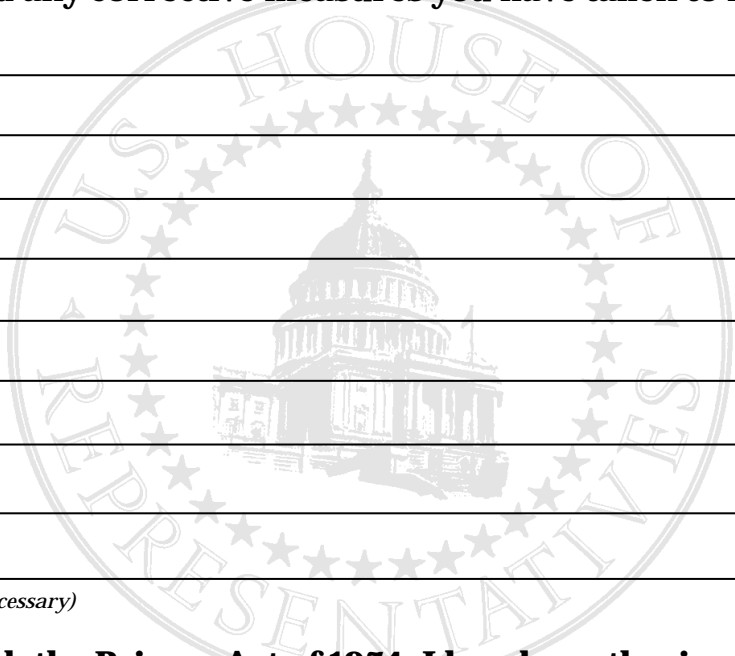
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Federal Agency:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_

**Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.**

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*(Use additional sheets as necessary)*

**In accordance with the Privacy Act of 1974, I hereby authorize Congressman J. Gresham Barrett, or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**Please return this form and documentation to the district office listed below:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Washington DC<br>1523 Longworth HOB<br>Washington, DC 20515 | <input type="checkbox"/> Anderson Office<br>315 S. McDuffie St.<br>Anderson, SC 29622 | <input type="checkbox"/> Greenwood Office<br>115 Enterprise Ct.<br>Greenwood, SC 29649 | <input type="checkbox"/> Aiken Office<br>A233 Pendleton St., NW<br>Aiken, SC 29801 |
|--|---|--|--|

*Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.*