

Constituent Assistance Form

Privacy Act of 1974 (Public Law 93-579)

The Federal Privacy Act prohibits the disclosure of confidential information concerning your affairs without your written authorization. If you wish for Congressman David Price's office to make an inquiry on your behalf, complete the authorization form and return it to the appropriate office listed below:

Raleigh District Office
U.S. Representative David Price
5400 Trinity Road, Suite 205
Raleigh, NC 27607
Phone: (919)859-5999
Fax: (919)859-5998

Durham District Office
U.S. Representative David Price
411 West Chapel Hill Street,
NC Mutual Plaza
Durham, NC 27701
Phone: (919)688-3004
Fax: (919)688-0940

Chapel Hill District Office
U.S. Representative David Price
88 Vilcom Center, Suite 140
Chapel Hill, NC 27514
Phone: (919)967-7924
Fax: (919)967-8324

Authorization for Release of Confidential Information

I, _____, hereby authorize Congressman David Price
(Name)
to obtain confidential information from _____
(Government Agency/Office)
concerning myself/ourselves involving the matter outlined below.

Signature _____ **Date** _____

Briefly describe your concerns. Please attach any additional information if needed.

Name: (Mr./Ms.) _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:(H)** _____ **(W)** _____

Email Address: _____ **Social Security Number:** _____

Date of Birth: _____ **Alien Registration Number (if applicable)** _____