

CONGRESSMAN THOMAS E. PETRI
Privacy Act Release

I hereby give Congressman Thomas E. Petri and/or his staff my permission to obtain any information from my records pertaining to: *(briefly describe concerns or attach letter)*

Contact Information:

Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

E-Mail Address: _____

Telephone: (Home) _____ (Work:) _____

List any or all identifying numbers that might apply to your concerns:

Social Security #: _____ VA: _____

Immigration "A" #: _____ Date Filed: _____

Other Case Number(s): _____

Signature: _____ Date: _____

Please mail or fax completed form to:
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Toll-free in Wisconsin: 800/242-4883
Fax: 202-225-2356