



U.S. Congresswoman

Virginia Foxx

Representing North Carolina's Fifth District

Consent for Release of Personal Records by Executive Agencies

Name of Agency: _____

To Whom It May Concern:

I have sought assistance from Congresswoman Virginia Foxx on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved with this case with Congresswoman Foxx or any authorized member of her staff until this matter is resolved.

Full Name - please print clearly

Date of Birth

Address

City

State

Zip

Home Phone

Work Phone

Social Security Number

Claim Number - if applicable

Signature of Claimant

Date

Please return this form to:

**Congresswoman Virginia Foxx
6000 Meadowbrook Mall, Suite 3
Clemmons, NC 27012
(336) 778-0211**