



**PRIVACY RELEASE FORM**  
U.S. Representative John Spratt  
South Carolina – 5<sup>th</sup> District

Dear Congressman Spratt:

I give you permission to investigate my difficulties with:

\_\_\_\_\_

(name of federal agency or issue)

**I understand that this form is being used in compliance with the Privacy Act of 1974.**

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

**PLEASE FILL IN:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number (if available) \_\_\_\_\_

Email (if available) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Briefly explain the nature of the problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form and all supporting documents to Congressman John Spratt at the South Carolina office nearest you.**

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