

# PRIVACY RELEASE STATEMENT

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ (W) \_\_\_\_\_ SSN/TAX ID # \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PLEASE DESCRIBE BELOW THE NATURE OF YOUR CONCERN OR REQUEST:

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My signature on this page allows Congressman Mike Rogers to contact appropriate officials, forward correspondence, discuss the matter, and receive pertinent information from local, state and federal agencies. It is my understanding that this form is being used in compliance with the Privacy Act of 1974.

I authorize the \_\_\_\_\_ (Name of Agency) to release the necessary information regarding my case to Congressman Mike Rogers and permit the third-party named below to receive information regarding my situation from my Representative.

Signed: \_\_\_\_\_

Third-Party (optional- person you designate, other than yourself, to give and receive information pertaining to your situation):

NAME/ADDRESS/PHONE: \_\_\_\_\_

Please return this form to:

Congressman Mike Rogers  
1000 West St. Joseph Suite 300  
Lansing, Michigan 48915