

HARRY E. MITCHELL

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Congress of the United States
House of Representatives

PRIVACY ACT RELEASE FORM

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval.

Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congressman Harry Mitchell.

NAME: _____ PHONE: (HOME) _____

ADDRESS: _____ (OTHER) _____

CITY, STATE, ZIP: _____ EMAIL: _____

SIGNATURE: _____ **SOCIAL SECURITY NUMBER:** _____
(OR CLAIM/CASE NUMBER)

I would also like this information to be provided to a parent, child, attorney, or other interested parties as indicate below:

NAME(S): 1) _____ 3) _____

2) _____ 4) _____

I hereby authorize the above named person(s) to receive information from Congressman Mitchell relating to my claim/case.

SIGNATURE: _____

PLEASE SEND THIS PRIVACY RELEASE FORM TO: OFFICE OF CONGRESSMAN HARRY E. MITCHELL
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