



CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Agency: _____

Name (please print)

Date of Birth

Address

City

Zip

Social Security Number

E-mail Address

Telephone Number - Home

Telephone Number - Cell

Signature

Today's Date

Please briefly explain your concern (use the back if necessary): _____

Congressman Joe Wilson (SC-02)
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