

CONGRESSMAN DAVID SCOTT
13TH DISTRICT, GEORGIA

PRIVACY RELEASE FORM

The Privacy Act of 1974 prohibits the federal government from releasing any information from personal files of individuals without the express written permission of the person involved. Disclosure of personal records to a Congressman acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.

Please print.

Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____ Apt. #: _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Business phone _____

Email Address _____

How do you prefer to be contacted? _____

Social Security Number: _____ VA Claim Number: _____

Loan Number: _____ Mortgage Servicer: _____

Other numbers identifying your case: _____

Types of benefits you are seeking: _____

Date and Place claim was filed: _____

Federal agency involved: _____

Please provide a brief description of the problem and attach additional sheets, if necessary:

I, the undersigned, hereby authorize the release of all pertinent information to and by Congressman Scott or any authorized member of his staff to make an inquiry on my behalf.

Signature: _____ Date: _____

Please print and return signed form by fax or mail to:

173 North Main Street	888 Concord Road, Suite 100
Jonesboro, Georgia 30236	Smyrna, Georgia 30080
Fax: (770) 210-5673	Fax: (770) 432-5813