



Office of Congressman J. Randy Forbes (VA-04)

Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY _____

Mr. Mrs. Ms. _____ Date of Birth _____
 (mm/dd/yyyy)

Address _____

City, State, and Zip Code _____

Phone: Home (____) _____ Cell (____) _____ SSN _____

Email _____

Would you like to sign up to receive Congressman Forbes' weekly e-newsletter? Yes No

Please include the following information *only* if it pertains to your inquiry:

Veterans Claim Number _____ CSA Number _____

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman J. Randy Forbes or any authorized member of his staff until the matter is resolved.

Signature _____ Date _____
 (mm/dd/yyyy)

**Please return this form by mail or fax to
 Congressman Forbes' District Office:
 (care of closest district office)**

Chesapeake District Office
 505 Independence Parkway, Suite 104
 Chesapeake, Virginia 23320
 757-382-0080 (phone)
 757-382-0780 (fax)

Chesterfield District Office
 9401 Courthouse Road, Suite 201
 Chesterfield, Virginia 23832
 804-318-1363 (phone)
 804-318-1013 (fax)