



Office of Congressman Gerald E. Connolly

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Annandale, VA 22003

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PRIVACY RELEASE FORM

The Privacy Act of 1974 prohibits the release of information without the consent of the individual. Please complete and sign this form authorizing the release of information to me and my staff that will be needed in order to respond to your request. Please return the form and accompanying information to my District Office.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

AGENCY CASE NUMBER WHICH REFERENCES YOUR CASE: _____

(For Example: Veterans Administration Claim Number, Tax ID Number, Alien Registration Number, Military ID Number, Passport Number)

I understand that in order for you to respond to my request, it may be necessary for you and/or your staff to review those federal records that contain information needed to assist me. Pursuant to the Privacy Act of 1974, as amended, I hereby authorize the appropriate Federal agencies to release to Congressman Gerald E. Connolly and his staff all information needed to assist with this matter.

Signature

Date

Please Return to:

Congressman Gerald E. Connolly

4115 Annandale Road, Suite 103

Annandale, VA 22003