

PRIVACY ACT RELEASE FORM

As required by the Privacy Act of 1974, I authorize United States Representative Shelley Moore Capito to obtain information from any federal government records regarding me in connection with my _____ claim or problem.
(Agency)

Signature _____ Date _____

Name _____ Home Telephone _____
(Print)

Work Telephone _____

Date of Birth _____ Social Security Number _____

Address _____ City _____

State _____ Zip _____ County _____ Claim Number (if applicable) _____

Please describe your problem and the current status of your claim.

****Please feel free to write on back if necessary****

Please return form to: Congresswoman Shelley Moore Capito
4815 MacCorkle Ave., SE
Charleston, West Virginia 25304
Phone (304) 925-5964
Fax (304) 926-8912