

**CASEWORK AUTHORIZATION TO REVIEW
PERSONAL INFORMATION PROTECTED BY THE
PRIVACY ACT**

Name: _____

D.O.B. _____ Sex: (M/F) _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: Home: _____ Work: _____

Social Security #: _____ VA #: _____

Agency Involved: _____

Nature of Problem: Please give a brief statement regarding the nature of the problem you are experiencing and the assistance needed from this office. You may use reverse side or additional paper if necessary.

Statement: _____

Note: The privacy act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

Authorization: I hereby authorize Congressman Phil Gingrey or his representative to contact the above named agency or any other applicable government agency, whether it be a state, federal, or local, on my behalf, and to inspect, copy, and examine or inquire in to my records on file with such an agency or entity and to receive information from the proper official regarding my concerns whether protected by the privacy act and I do not have a case pending before a county, state, or federal court.

Signature: _____ Date: _____

PLEASE RETURN TO:

Congressman Phil Gingrey

219 Roswell Street

Marietta, GA 30060

Phone: 770-429-1776 Fax: 770-795-9551