



Representative Trey Gowdy

Consent for Release of Personal Records

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (cell) _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Federal Agency Involved: _____

Agency Claim Number: _____

Briefly explain the issue. Attach a separate statement and supporting documentation if necessary:

Are you currently working with another Member of Congress or Senator?
Yes _____ No _____ If yes, give name: _____

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express permission of the person involved. I hereby give my consent for information concerning my file to be released to Congressman Trey Gowdy, and/or a representative from his office, in accordance with the provisions of the law.

Signature: _____ Date: _____

Please return this form to one of the district offices below:

Congressman Trey Gowdy
101 W. St. John St.
Suite 203
Spartanburg, SC 29306
PHONE: (864) 583-3264
FAX: (864) 583-3926

Congressman Trey Gowdy
104 S. Main St.
Suite 801
Greenville, SC 29601
PHONE: (864) 241-0175
FAX: (864) 241-0982