Today's Date: _____ Office Receipt Date: _____

PRIVACY ACT RELEASE FORM

(PLEASE TYPE OR PRINT – Please note that if you type on this form, a physical signature is still required.)

Section I – PERSONAL INFORMATION

Full Name: _____ Email Address: _____

Address: _____
(City) (State) (Zip)

Telephone #s: _____ | _____ | _____

Birth Date: _____ Social Security #: _____ Marital Status: _____

Section II – ADDITIONAL INFORMATION

Federal Agency(ies) for which you are requesting assistance: _____

Agency Case Number(s) _____ Spouse's Name (if applicable) _____

Spouse's DOB (if applicable) _____ Spouse's SSN # (if applicable) _____

Caregiver's Name & Contact Info (if applicable) _____

Please provide the names of those individuals whom we may discuss your case with. This office can only discuss your case with the agency and yourself unless listed below *(ex: family members, attorneys, other, etc.)*

_____

Section III- WRITE BRIEF & CONCISE STATEMENT REGARDING CONCERN - REQUEST

_____
_____
_____
_____
_____
_____
_____
_____
_____

(continue on another page if necessary)

- Is any other Member of Congress working on this matter? ☐ Yes ☐ No (If yes, who?) _____
- Are any non-affiliated government programs or agencies working on this matter? ☐ Yes ☐ No
  (If yes, what is their name & contact information?) _____

I authorize Congressman Brett Guthrie, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

Signature: _____ Date: _____

RETURN COMPLETED FORM TO: Congressman Brett Guthrie
1001 Center Street, Suite 300 - Bowling Green, KY 42101 | Phone: 270-842-9896 / Fax: 270-842-9081