



U.S. Congresswoman

Virginia Foxx

Representing North Carolina's Fifth District

CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES

NAME OF AGENCY: _____

(for example: Veterans Affairs, Social Security Administration, etc.)

To Whom It May Concern:

I have sought assistance from Congresswoman Virginia Foxx on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved with this case with Congresswoman Foxx or her staff until this matter is resolved.

_____		_____		
FULL NAME		DATE OF BIRTH		
_____		_____	_____	_____
STREET ADDRESS		CITY	STATE	ZIP
TELEPHONE: _____		_____	_____	_____
HOME		WORK		
_____		_____		
FAX		CELL		
_____		_____		
_____		_____		
EMAIL				
_____		_____		
SOCIAL SECURITY NUMBER		CLAIM NUMBER		

Please briefly explain the problem below. Attach copies of any relevant documents.

SIGNATURE

DATE

Please return this form to the following address:

Congresswoman Virginia Foxx
3540 Clemmons Road, Suite 125
Clemmons, NC 27012
Fax: (336) 778-2290