

Congress of the United States
House of Representatives
Washington, DC 20515-4901

Privacy Act Release/Casework Request Form

Name: _____ E-Mail: _____

I prefer to receive correspondence by E-mail (if provided above): YES _____ NO _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Phone (Home): _____ (Cell): _____ (Work): _____

Social Security Number: _____ Veteran's Number: _____

Agency Involved: _____

The Problem Is: (attach an additional sheet(s) if necessary)

****Privacy Act Release****

I request and authorize U.S. Representative Paul Ryan to act on my behalf and to receive information from proper officials regarding the matter described above. Congressman Ryan is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: _____ Date: _____

Please return this completed form to:

Congressman Paul Ryan
7677'Uj gt lf cp'T qcf .'Uwlg'347
Mgpquj c.'Y K75362
Phone: (262) 654-1901
Fax: (262) 654-2156

***** Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Ryan to make the necessary inquiries on your behalf.**