



Privacy Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell #: _____

Email: _____

Please complete the identification below that pertains to your inquiry request.

Social Security Number: _____ Date of Birth: _____

VA File Number: _____ Agency Claim Number: _____

Please indicate the Federal Agency involved in your inquiry request: _____

Would you like to receive Congressman Loudermilk's email newsletter? Yes

Are you currently working with another Congressional/Senate office on this issue? Yes No

If yes, which office? _____

Statement: Please state below or on an attached page the nature of your problem you are experiencing. Attach additional pages if needed.

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Barry Loudermilk. I authorize U.S. Representative Loudermilk to receive all pertinent information and to make an inquiry regarding the above described issue.

Signature: _____ **Date:** _____

***** Digital Signatures cannot be accepted, please sign this form.

Return form by: **Email** .pdf to casework.ga11@mail.house.gov **Fax** (770) 517-7427

Mail: 9898 Hwy 92, Suite 100, Woodstock, Georgia 30188 **Phone:** 770-429-1776