



Congressman Barry Loudermilk

11th District of Georgia

Privacy Release Form

Personal Information:

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: _____ Claim Number: _____

USCIS A# or Receipt #: _____

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

Statement: Please state below or on an attached page the nature of your problem you are experiencing. Attach additional papers or documentation, if necessary. Do not attach medical records.

Statement:

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:** _____

DC Office:

Cherokee Office:

Bartow Office:

Cobb Office:

238 Cannon House Office Building
Washington, DC 20515
Phone: 202-225-2931
Fax#: 202-225-2944

9898 Hwy 92, Suite 100
Woodstock, Georgia 30188
Phone: 770-429-1776
Fax#: 770-517-7427

135 Cherokee Ave., Suite 122
Cartersville, Georgia 30120
Phone: 770-429-1776

600 Galleria Pkwy Suite 120
Atlanta, GA 30339
Phone: 770-429-1776
FAX: 678-556-5184