



Congressman Barry Loudermilk

11th District of Georgia

Privacy Release Form

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell #: _____

Email: _____

Would you like receive Congressman Loudermilk's Newsletter: YES

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

Social Security Number: _____ Date of Birth: _____

VA File Number: _____ Claim Number: _____

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

Please put a brief description of the issue below. If you need additional space, attach a separate sheet.
Do not attach medical records.

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 de-scribed issue.

Signature: _____ Date: _____

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

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