

Rep. Warren Davidson  
OH-08



Return completed form(s) to the address listed below.

Butler County District Office:  
8857 Cincinnati-Dayton Road, #102  
West Chester, OH 45069  
Fax: 513-779-5315  
OH08Casework@mail.house.gov

**DO NOT** use this form  
for: IRS, Immigration,  
or Passports

**PRIVACY ACT RELEASE FORM**  
PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**To begin your inquiry, provide all pertinent information related to your case/claim:**

Federal Agency Involved (i.e., SSA, USPS, VA etc.): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\* DO NOT complete for USPS requests**

Please clearly describe your situation/timeline of activity, and the action, result, or information you desire. Provide additional pages or pertinent documentation, as necessary. Inquiries may only be made on behalf of the person directly affected.

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**Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):**

I, the previously-named, authorize the agency(s) listed to release information contained in my/our records as relevant to checking my/our case status, answering questions, and providing information, to the extent permitted by law, to Representative Warren Davidson and the Member's staff. This permission is on-going until revoked in writing or the stated issue is resolved.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\* Signature MUST be HANDWRITTEN. Typed signatures will be returned causing a delay in processing.** Rev. 09/2024