

Rep. Warren Davidson

OH-08



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

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

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.

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