

# PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(circle one)

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

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

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

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

Check here to receive e-mail updates from Congressman Warren Davidson.

Please send completed forms to: **Congressman Warren Davidson**

**Residents of Butler, Preble, Darke & Mercer Counties:**

8857 Cincinnati-Dayton Road, #102

West Chester, Ohio 45069

**Residents of Clark and Miami Counties:**

12 South Plum Street

Troy, Ohio 45373

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

Permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. Warren Davidson and the staff of the 8<sup>th</sup> Congressional District to make inquiries to the appropriate officials on your behalf, and the release of information to the Congressman or his staff. This permission is on-going until revoked in writing or the stated issue is resolved.

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

Federal Agency Involved: \_\_\_\_\_

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

Military ID#: \_\_\_\_\_ Veteran's Claim #: \_\_\_\_\_

Military Branch, Rank & Unit: \_\_\_\_\_

Alien #: A \_\_\_\_\_ CIS/DOS Receipt #: \_\_\_\_\_

Immigration – Petitioner's Name: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Other Numbers Identifying your claim: \_\_\_\_\_

Please briefly describe your situation and the action, result, or information you desire. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

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