Privacy Act Release Form

I am aware that the Privacy Act of 1974 (P.L. 93-579) prohibits the release of information without my approval. I request Congressman Jodey Arrington to inquire on my behalf and do herby give my permission for the appropriate information in my file to be released to him and/or his staff.

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ ZIP CODE: _____

SOCIAL SECURITY NO: _____ DOB: _____

OTHER AGENCY FILE NO. (If applicable): _____ PLACE OF BIRTH: _____

NATURE OF THE PROBLEM (Please describe the problem below and be specific as to the type of assistance you are requesting from the Congressman):

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I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

SIGNATURE: _____ DATE: _____

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