



**Steven C. LaTourette
Congress of the United States
14th District, Ohio**



CONSENT FOR RELEASE OF PERSONAL INFORMATION

To Whom It May Concern:

I have sought assistance from Congressman Steven LaTourette on a matter that may require the release of information maintained by your agency, and which may be prohibited from disseminating under the PRIVACY ACT OF 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman LaTourette or any authorized member of his staff until this matter is resolved.

Full Name

Date

Signature

Date of Birth

Address

City

Zip Code

Home Telephone # _____ Work Telephone # _____ Alternate # if any _____

Social Security Number _____ Email Address _____

Please complete the following information if applicable to your situation:

Military/Branch of Service _____ USCIS/Alien Registration Number _____

USCIS/Receipt Number _____ Social Security Administration Date of Appeal Filed _____

In the space below, please describe the situation in which you are requesting my assistance. Use the back of this page, if necessary. Please also provide copies of any correspondence you have sent to or received from the federal agency regarding this matter.

Please return your completed form to Congressman LaTourette at the following address.

**1 Victoria Place
Room 320
Painesville, OH 44077**