

OFFICE OF CONGRESSMAN ROBERT HURT 5TH DISTRICT OF VIRGINIA PRIVACY ACT RELEASE FORM

TO WHOM IT MAY CONCERN:

It is my understanding that pursuant to the Privacy Act of 1974, a signed permission must be obtained for a Member of Congress to make an inquiry through any federal agency into the personal files of a constituent. Therefore, this is to authorize the release to **Congressman Robert Hurt of Virginia**, any information from my file that may be helpful in connection with the inquiry on my behalf.

Signature	Date
Print Full Name	Date of Birth
Mailing/Street Address	Social Security Number
City, State, Zip Code	Federal Agency Involved
Area Code and Telephone Number(s)	Case/File Number (if applicable)
Email	Branch of Service/Military Rank (if applicable)
documentation, if available. Please use the back for addit	
	ve avoid opening a case that is being handled by another U. S. ves may cause a delay in a resolution of your matter. Please se or Senate member's office.
Yes Provide the representative's name	

RETURN TO THE OFFICE BELOW:

Congressman Robert Hurt 308 Craghead Street, Suite 102-D Danville, Virginia 24541 Telephone (434)791-2596