

Case #: _____ Name: _____



**OFFICE OF
CONGRESSMAN JODY HICE
10TH DISTRICT OF GEORGIA**

Post Office Box 728
Monroe, Georgia 30655
(770) 207-1776 Office
(770) 266-6751 Fax

PRIVACY ACT RELEASE

Contact Information: *Please provide your mailing address. If either your physical or mailing address is located outside the 10th Congressional District of Georgia, please explain in your statement below.*

PREFERRED TITLE: MR. MS. MRS. DR. OTHER: _____

NAME: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ MOBILE PHONE: _____

FAX: _____ E-MAIL: _____

Alternate Contact: *If you would like to authorize another person to communicate with us in reference to your case, you must state his or her name and phone number. If an attorney represents you, please note here.*

ALTERNATE CONTACT PERSON(S): _____

Identification: *Not all the following identification pertains to your concerns. Please provide your social security number, date of birth and any other identification relevant to your case.*

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

VA FILE NUMBER: _____ CLAIM NUMBER(S): _____

USCIS RECEIPT NUMBER: _____ OTHER: _____

Federal Agency: *Please specify which branch of the United States Government is involved in your particular case.*

AGENCY OR DEPARTMENT: _____

Your Statement: *Below or in an attached letter, please provide a statement regarding the nature of your problem and the assistance you need from this office. Please attach copies of any documents important to your case.*

STATEMENT: _____

Pursuant to the requirements of the Privacy Act, PL 93-579, I hereby authorize Congressman Jody Hice and his staff to access my records And I respectfully request their assistance in resolving my case.

SIGNATURE: _____ DATE: _____