Congressman Tom Graves

14th District of Georgia

2078 Rayburn HOB
Washington, DC 20515
Phone: 202-225-5211
FAX: 202-225-8272

702 S. Thornton Avenue
Dalton, Georgia 30720
Phone: 706-226-5320
FAX: 706-278-0840

600 E First Street, Suite 301
Rome, Georgia 30161
Phone: 706-290-1776
FAX: 706-232-7864

Privacy Release Form

Preferred Title: ◯ Mr. ◯ Ms. ◯ Mrs. ◯ Dr. ◯ Other _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home#: _____ **Cell #:** _____

Email: _____ **County of Residence**:_____

Please complete the identification below that pertains to your inquiry request.

Social Security Number: _____ **Date of Birth:** _____

VA File /Claim Number: _____ **Discharge Status:**_____

Please indicate the Federal Agency involved in your inquiry request: _____

Nature of Problem: Please give a brief statement below regarding the nature of the problem you are experiencing and the assistance you are seeking. Attach additional papers or documentation, if necessary.

Statement: _____

_____

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_____

Name and Relationship of other individual authorized to provide/receive information on my behalf regarding this inquiry:

_____

I authorize the office and staff of Congressman Tom Graves to contact the above stated agency or any other applicable government agency, whether it be state, federal or local on my behalf and to inspect, copy, examine or inquire regarding my records on file, with such agency or entity whether protected by the Privacy act.

Signature: _____ **Date:**_____