

# Congressman Tom Graves

14th District of Georgia



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## Privacy Release Form

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**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:**

**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:** \_\_\_\_\_