

## ***PRIVACY ACT RELEASE FORM***

As required by the Privacy Act of 1974, I authorize United States Representative Shelley Moore Capito to obtain information from any federal government records regarding me in connection with my \_\_\_\_\_ claim or problem.  
(Agency)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
(Print) Work Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Claim Number (if applicable) \_\_\_\_\_

**Please describe your problem and the current status of your claim.**

---

---

---

---

---

---

---

---

**\*\*Please feel free to write on back if necessary\*\***

Please return form to:      Congresswoman Shelley Moore Capito  
4815 MacCorkle Ave., SE  
Charleston, West Virginia 25304  
Phone (304) 925-5964  
Fax (304) 926-8912