

Congressman Rick W. Allen

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Privacy Release Form

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

Name: _____

Address: _____

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

Home #: (_____) _____ **Cell #:** (_____) _____

E-mail Address: _____

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

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

VA File Number: _____ **Claim Number:** _____

USCIS A# or Receipt #: _____

Please indicate the Federal Agency involved in your request: _____

Nature of Problem: Please provide a brief explanation of your situation with the above agency and the assistance you are seeking from this office. Continue on another sheet if necessary. Send photocopies only of any documents you may have to support your claim. It is important for you to retain the originals for your files.

Statement: _____

I hereby authorize the office and staff of Congressman Rick W. Allen to contact the above agency or any other applicable government agency, whether it be federal, state 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:** _____