

Congress of the United States
U.S. House of Representatives
Washington, DC 20515-0904
PRIVACY RELEASE

In accordance with the provisions of **The Privacy Act of 1974 (Public Law 93-579)**, I am required to have your written permission prior to contacting a federal agency on your behalf. Since emails do not contain a valid signature, they do not fulfill the requirements of the law.

PLEASE PRINT

Name: Mr. or Ms. _____ Date of Birth: _____

Street Address: _____ Apt. #: _____

City _____ State _____ Zip Code _____

Phone number: _____ Email: _____

Social Security Number: _____ VA Claim Number: _____
(Social Security and OPM cases)

Medicare Number (MBI): _____ Other Numbers: _____

Federal agency involved: _____

Please provide a brief description of the problem and, if necessary, attach additional sheets.

I, the undersigned, hereby authorize the release of all pertinent information to and by **Congressman John Rutherford** or any authorized member of his staff to make an inquiry on my behalf.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:
4130 Salisbury Road, Suite 2500
Jacksonville, FL 32216
Fax: (202) 593-9014