



The Honorable Heath Shuler

Constituent Privacy Release Form

Mr. ___ Mrs. ___ Ms. ___ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (work) () _____ (home) () _____ (cell) () _____

E-mail: _____ Date of Birth: _____

Social Security Number: _____ VA Claim Number (if applicable): _____

List any other identifying numbers that may apply to your situation: (Immigration "A" Number, Case Number, etc.)

Are you currently or have you previously received assistance with this situation from another Member of Congress or Senator: Yes _____ No _____ If yes, name: _____

Briefly describe the nature of the assistance you are requesting. List any forms you have filed, as well as any names, dates, or contact numbers you think may help with Congressman Shuler's inquiry. *(You may attach sheets or use the back of this form if additional space is needed. Please note that attaching copies of correspondence from the agency concerning your situation may be helpful).*

PLEASE READ AND SIGN BELOW:

I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) *et seq.* prohibits any government agency from releasing information they may have in my name without my knowledge or permission. I hereby authorize Congressman Heath Shuler and members of his staff to obtain such information from federal agencies as may be required for the purpose of investigating and resolving the concerns I have set forth herein. I also understand that this inquiry may not conclude in my best interest.

Signature

Date

**Please return form to: Congressman Heath Shuler
205 College Street, Suite 100
Asheville, NC 28801
Phone: (828) 252-1651
Fax: (828) 252-8734
Attention: Erica Griffith**