



Congressman David Scott

Thirteenth Congressional District of Georgia

CONGRESSMAN DAVID SCOTT'S PRIVACY RELEASE FORM

*The **Privacy Act of 1974** prohibits the federal government from releasing any information from personal files of individuals without the express written permission of the person involved. Disclosure of personal records to a Congressman acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.*

Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

How do you prefer to be contacted? Phone _____ Email _____ Mail _____

Social Security Number: _____ - _____ - _____ VA Claim Number: _____

Mortgage Servicer: _____ Loan Number: _____

Other numbers identifying your case: _____

Types of benefits you are seeking: _____

Date and Place claim was filed: _____

Federal agency involved: _____

For Social Security inquiries only:

City & State of Birth: _____, _____ Mother's Maiden Name _____

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

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

Signature: _____ Date: _____

PLEASE PRINT AND RETURN SIGNED FORM BY FAX, EMAIL, OR MAIL TO:

Fax: (770) 389-9236 Email: davidscottintake@mail.house.gov

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