

Congress of the United States

House of Representatives

Washington, DC 20515-1003

CONGRESSMAN AUSTIN SCOTT (GA08)

Authorization to Release Personal Information

Name: Miss/Mr./Mrs./Ms. _____

Address: _____

City, State, Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Agency Involved (if VA, note Military branch): _____

Agency Case Number (VA Claim, Alien number, tax ID, etc.): _____

Alternate Contact: _____ **Phone #:** _____

Please describe the problem in detail and include relevant documents: (you may use additional paper)

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Austin Scott or a member of his staff to make the appropriate inquiry on my behalf. If you are under the age of 18, please sign and have a parent or guardian sign under your name.

Signature

Date

Please complete this form and fax or mail to the address below:

127 B. North Central Avenue, Tifton, Ga. 31794 Phone: 229-396-5175 Fax: 229-396-5179