Congressman

GARRET GRAVES

REPRESENTING THE 6TH DISTRICT OF LOUISIANA

Privacy Release Form

All fields below (except the signature line) can been completed electronically

Full Name: _____

Date of Birth (Month/Day/Year):_____ Social Security Number:_____

Street Address:_____ Cell Phone:_____

City, State and ZIP Code:_____ Home Phone:_____

E-Mail Address:_____

Please fill-in the following fields to the extent possible, this will help us provide you with assistance in a timely manner.

Name of the agency responsible for your case (VA, Social Security, etc.):_____

Have you brought your case to the attention of another elected official? If so, who? _____

Case Number, FEMA Claim Numbers, etc. for your case (if applicable):_____

Country of Birth (for USCIS and State Dept. Issues):_____ Agency Contact Tel:_____

Please describe the nature of your issue: Agency Contact (if applicable):_____

Briefly state the outcome you are seeking:

(If you need more space, please use another sheet of paper. Attach supporting documentation as needed)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize the appropriate governmental agencies to release my information to the office of Rep. Garret Graves in regard to my request for assistance from his office.

Signature:_____Date:_____

E-mail is the most efficient means to send this form to the office of Rep. Graves. Call your district office (225-442-1731) to find the e-mail address of the appropriate staff member for your case.

Alternatively, you may fax this form to: (225) 442-1736

Or via mail: Office of Rep. Garret Graves, 2351 Energy Dr. Suite 1200, Baton Rouge, LA 70808