Print Form

David P. Joyce
Congress of the United States
14th District, Ohio

CONSENT FOR RELEASE OF PERSONAL INFORMATION

To Whom It May Concern:

I have sought assistance from Congressman David Joyce on a matter that may require the release of information maintained by your agency, and which may be prohibited from disseminating under the PRIVACY ACT OF 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Joyce or any authorized member of his staff until this matter is resolved.

Full Name (Please Print) _____ (Date) _____

(Signature) _____ (Date of Birth) _____

(Address) _____ (City) _____ (Zip Code) _____

(Home Telephone #) _____ (Work Telephone #) _____ (Alternate # if any) _____

(Social Security Number) _____ (Email address) _____

(Alien Registration #) _____ (Receipt #) _____

In the space below, please describe the situation in which you are requesting my assistance. Use the back of this page, if necessary. Please also provide copies of any correspondence you have sent to or received from the federal agency regarding this matter.

_____

_____

_____

_____

_____

Please return your completed form to Congressman Joyce at the following address.
1 Victoria Place
Room 320