

Consent for Release of Personal Records By Executive Agencies

Name of Agency: _____

To Whom It May Concern:

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which you 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 J. Randy Forbes or any authorized member of his staff until this matter is resolved.*

Full Name (PRINT)

► Signature of Claimant (SIGN)

Date of Birth

Mailing Address

City, State and Zip Code

Email Address:

Would you like to sign up to receive Congressman Forbes weekly e-newsletter? YES or NO

Social Security Number

VA/Other Claim Number (if applicable)

Telephone Number

Cell Number

Date

Please return this form to: **Congressman J. Randy Forbes** (c/o nearest office)

<u>Emporia</u>	<u>Chesapeake</u>	<u>Colonial Heights</u>
425-H South Main Street Emporia, VA 23847 Ph: (434) 634-5575 Fax: (434) 634-0511	505 Independence Pkwy, Ste. 104 Chesapeake, VA 23320 Ph: (757) 382-0080 Fax: (757) 382-0780	2903 Boulevard Colonial Heights, VA 23834 Ph: (804) 526-4969 Fax: (804) 526-7486

(If you have not done so already, please include a letter detailing your request of Congressman Forbes)