



Office of Congressman Buddy Carter

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act.



Name: _____ Date of Birth: _____

Home Phone: (____) _____ Other Phone: (____) _____ Best time to call: _____

Email: _____ Preferred method of contact: _____

Address: _____

City: _____ State: _____ Zip: _____

The federal agency I need assistance with: _____ (VA, Social Security, Immigration, etc.)
Agency

The issue I am having is: _____

The resolution I am seeking is: _____

Social Security #/ V.A #/ Alien # /Receipt #, (etc): _____
(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Note: The Privacy Act requires the completion of this form in order for Congressman Buddy Carter or his representative to receive information on behalf of his constituents. I hereby authorize Congressman Buddy Carter or his representative to receive information on my behalf and/or to discuss my records with the agency involved or with any third party designated on the reverse side of this document.

I would like to receive e-newsletters and other important information from Congressman Buddy Carter

SIGNATURE: _____ Date: _____

