

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: Immigration, etc.)	Agency	(VA, Social Security,	
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	ing to the assistance which you	are seeking our help)	
Note: The Privacy Act requires the completion of this form in information on behalf of his constituents. I hereby authorize C on my behalf and/or to discuss my records with the agency invodocument.	Congressman Buddy Carter or	his representative to receive information	
I would like to receive e-newsletters and other	important information from C	ongressman Buddy Carter	
SIGNATURE:	Dat	e·	

Have you contacted any other elected official regarding this case?	Yes/No (circle one) If so, who?			
Please list the name and relationship information for any third person we can disclose information to (attorney, parent, spouse, state legislator, etc.)				
	Phone Number:			
Phone Number:				
	Phone Number:			
Signature:	Date	_		

Please return this form to our Savannah office:

Congressman Buddy Carter 6602 Abercorn Street, Suite 105B Savannah, GA 31405 Phone: 912-352-0101

Fax:912-352-0105