



# 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: \_\_\_\_\_

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