

PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: _____ Nick Name: _____
(circle one)

Address of Residence: _____

City/State/Zip: _____ County _____

Phone #: Home (____) _____ Work (____) _____ Other (____) _____

Email Address: _____

Please send completed forms to: **Ohio's 8th Congressional District**

Military/Veterans Issues:
Clark County District Office
76 E. High St.
Springfield, OH 45502
Fax: 937-327-2515

**Immigration Issues or Residents
of Butler/Preble Counties:**
Butler County District Office
7969 Cincinnati-Dayton Rd., #B
West Chester, OH 45069
Fax: 513-779-5315

**Residents of Clark, Darke,
Mercer, or Miami Counties:**
Miami County District Office
12 S. Plum St.
Troy, OH 45373
Fax: 937-339-1878

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):

Permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes the Clerk of the House and the staff of the 8th Congressional District to make inquiries to the appropriate officials on your behalf, and the release of information to the Clerk or the staff. This permission is on-going until revoked in writing or the stated issue is resolved, UNLESS: __ one-time only inquiry OR __ permission ends on this date _____.

To begin your inquiry, provide all pertinent information related to your case/claim:

Federal Agency Involved: _____

Social Security Number: _____ Date Of Birth: _____

Military ID#: _____ Veteran's Claim #: _____

Military Branch, Rank & Unit: _____

Alien #: A _____ CIS/DOS Receipt #: _____

Immigration – Petitioner's Name: _____

Beneficiary's Name: _____

Other Numbers Identifying your claim: _____

Please briefly describe your situation and the action, result, or information you desire. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

SIGNATURE: _____ DATE: _____