

PRIVACY ACT RELEASE FORM

Name: _____
Date of Birth: _____ Social Security #: _____
Address: _____
Home Phone: _____ Other Phone: _____
Email Address: _____

Briefly explain the issue, and attach a separate statement if necessary:

Please provide the following information where appropriate:

Government Agency Involved: _____
Veterans Claim Number: _____
Branch of Service: _____
Place of Birth: _____
Alien Registration Number: _____

THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. I HEREBY GIVE MY CONSENT FOR INFORMATION CONCERNING MY FILE TO BE RELEASED TO CONGRESSMAN TREY GOWDY AND/OR A REPRESENTATIVE FROM HIS OFFICE, IN ACCORDANCE WITH THE PROVISIONS OF THE LAW.

Signature: _____ Date: _____

Please return this form to:

Congressman Trey Gowdy
101 W. St. John St.
Suite 203
Spartanburg, SC 29306
PHONE: (864) 583-3264
FAX: (864) 583-3926