



CONGRESSMAN EDOLPHUS TOWNS
10TH Congressional District
PRIVACY FORM
(Please Print All Information)

I hereby authorize Congressman Towns to request, on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files and records of:

_____ Name Of Agency

Congressman Ed Towns is also authorized to see any material that may be disclosed to that request and to speak on my behalf.

NAME: _____ DATE OF BIRTH ____/____/____

ADDRESS: _____ ZIP CODE: _____

TELEPHONE: (Home) _____ (Work) _____

Please list any identifying numbers, which might apply to your situation.

SOCIAL SECURITY #: ____-____-____ V.A: _____

ALIEN REGISTRATION NO.: A _____ DATE APPL WAS FILED: ____/____/____

CASE NUMBER: _____ OTHERS: _____

Immigration Only: BENEFICIARY NAME: _____ DATE OF BIRTH: ____/____/____

Please briefly state the nature of your problem and the outcome you are seeking:

SIGNATURE _____

DATE: ____/____/____