

Privacy Act Release Form

Please complete the following release form and send it to:

<u>Chattanooga District Office</u> 900 Georgia Avenue Suite 126 Chattanooga, TN 37402 (423) 756-2342 (423) 756-6613 fax	<u>Oak Ridge District Office</u> 200 Administration Road Federal Building Suite 100 Oak Ridge, TN 37830 (865) 576-1976 (865) 576-3221 (fax) (800) 883-2369 toll free	<u>Washington D.C.</u> Please do not mail forms to my D.C. office. Problems with anthrax have made mail delivery unreliable. (202) 225-3271 (202) 225-3494 (fax)
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PLEASE TYPE OR PRINT CLEARLY

Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE (H): _____ **(W):** _____

E-MAIL: _____ **DATE of BIRTH:** _____

SS #: _____ **VA #:** _____

IMMIGRATION/ALIEN #: _____

WORKERS COMP #: _____

OTHER #: _____

I authorize CONGRESSMAN ZACH WAMP or any member of his staff to obtain information about the following:

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1. Please explain your situation in detail.

2. Have you contacted any other local, state, or federal department or agency? If so, who did you talk with and what was the result? Give as much detail as possible including agency name and phone number.

3. What help do you need from Congressman Wamp?

SIGNATURE: _____

Your signature is required after you have answered each question.