



ZACH WAMP
CONGRESS OF THE UNITED STATES
THIRD DISTRICT, TENNESSEE
Privacy Act Release Form

Please complete the following release form and send it to my closest district office:

<p><u>Chattanooga District Office</u> 900 Georgia Avenue Suite 126 Chattanooga, TN 37402 (423) 756-2342 (423) 756-6613 fax</p>	<p><u>Oak Ridge District Office</u> 200 Administration Road, Ste 100 PO Box 2001 Oak Ridge, TN 37831 (865) 576-1976 (865) 576-3221 (fax) (800) 883-2369 toll free</p>
---	--

www.house.gov/wamp

Name _____
Address _____
City _____ State _____ Zip _____ County _____
Phone Number(s) Home _____ Work _____ Cell _____
E-Mail _____ Fax _____
Social Security Number _____ - _____ - _____ Date of Birth _____
Claim/Receipt # _____

Please explain your situation in detail; use the additional page if necessary. Let me know if you have contacted any other Local, State or Federal Agency and the results if applicable:

(Use additional pages if needed)

I authorize any Federal Agency or Department relative to my case to provide information regarding my claim/case to Congressman Zach Wamp or any member of his staff as required by the Privacy Act of 1974.

Signature _____ Date _____

