OFFICE OF CONGRESSMAN THOMAS GARRETT
5TH DISTRICT OF VIRGINIA
PRIVACY ACT RELEASE FORM

TO WHOM IT MAY CONCERN:

It is my understanding that pursuant to the Privacy Act of 1974, a signed permission must be obtained for a Member of Congress to make an inquiry through any federal agency into the personal files of a constituent. Therefore, this is to authorize the release to **Congressman Thomas Garrett of Virginia**, any information from my file that may be helpful in connection with the inquiry on my behalf.

_____ Signature	_____ Date
_____ Print Full Name	_____ Date of Birth
_____ Mailing/Street Address	_____ Social Security Number
_____ City, State, Zip Code	_____ Federal Agency Involved
_____ Area Code and Telephone Number(s)	_____ Case/File Number (if applicable)
_____ Email	_____ Branch of Service/Military Rank (if applicable)

Please describe the situation for which you are requesting Congressional assistance and provide copies of supporting documentation, if available. Please use the back for additional information.

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We are more than happy to assist you in this matter, but we avoid opening a case that is being handled by another U. S. House or Senate member. Working with two representatives may cause a delay in a resolution of your matter. Please indicate below if you are working with another U. S. House or Senate member's office.

Yes _____ Provide the representative's name _____ No _____

RETURN TO THE OFFICE BELOW:

Congressman Thomas Garrett
686 Berkmar Circle
Charlottesville, VA 22901
Telephone (434) 973-9631 · Fax (434) 973-9635