

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0902**

**Privacy Act Release/Casework Request Form**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
I prefer to receive correspondence by E-mail (if provided above): YES \_\_\_\_\_ NO \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Agency Involved: \_\_\_\_\_

The Problem Is: (attach additional sheets if necessary)

**Privacy Act Release**

I request and authorize U.S. Representative Gwen Graham to act on my behalf and to receive information from proper officials regarding the matter described above. Congresswoman Graham is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to:  
Office of Rep. Gwen Graham  
Attention: Constituent Services  
300 South Adams Street, Unit A-3  
Tallahassee, FL 32301  
Phone: (850) 891-8610  
Fax: (850) 891-8620

\*\*\* Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congresswoman Graham to make the necessary inquiries on your behalf.