



OFFICE OF CONGRESSMAN G. K. BUTTERFIELD
PRIVACY RELEASE FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____

FEDERAL AGENCY INVOLVED: _____

FILE # / CASE #: _____

Please describe the specific information you are requesting or the problem you are experiencing. Send copies of any relevant information (DO NOT SEND ORIGINALS). Use extra paper if necessary.

SIGNATURE: _____ DATE: _____

(Under the Privacy Act, your signature is required to give our office permission to obtain information from government agencies on your behalf regarding this matter.)

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STAFF INITIALS: _____