



U.S. Congresswoman

Virginia Foxx

Representing North Carolina's Fifth District

CONSENT FOR RELEASE OF PERSONAL RECORDS BY EXECUTIVE AGENCIES

NAME OF AGENCY: _____

(for example: Veterans Affairs, Social Security Administration, etc.)

To Whom It May Concern:

I have sought assistance from Congresswoman Virginia Foxx on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved with this case with Congresswoman Foxx or her staff until this matter is resolved.

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE: _____

(Home)

(Work)

(Fax – if applicable)

(Mobile)

EMAIL

SOCIAL SECURITY NUMBER

CLAIM NUMBER

Please briefly explain the problem below. Include copies of any relevant documents.

SIGNATURE

DATE

Please return this form to the following address:

**Congresswoman Virginia Foxx
3540 Clemmons Road, Suite 125
Clemmons, NC 27012
Fax: (336) 778-2290**