



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: Internal Revenue Service, USCIS, Department of State, 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 certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

-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 #/FORM TYPE/RECEIPT #/TAX YEAR/EIN

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

SIGNATURE

DATE

Please return this form by mail or fax to:

**Congresswoman Virginia Foxx
400 Shadowline Drive, Suite 205
Boone, NC 28607
Fax: (828) 265-0390
Phone: (828) 265-0240**

OR

**Congresswoman Virginia Foxx
3540 Clemmons Rd, Suite 125
Clemmons, NC 27012
Fax: (336) 778-2290
Phone: (336) 778-0211**