



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.

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please return this form by mail or fax to:**

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

**OR**

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

**Shared District Fax:  
(336) 778-2290**