

Mail completed form to:
Congressman John Barrow
1450 Greene Street, Suite 550
Augusta, GA 30901
Or fax to: (706) 722-4496
Tel: (706) 722-4494

Authorization to Release Confidential Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: Home (____) _____ Other: (____) _____

Email address: _____ Fax: _____

Social Security Number: _____ Date of Birth: _____

Individual authorized to receive information on your behalf:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home (____) _____ Other: (____) _____

Agency your issue involves: _____

Case Number: _____

(For example: SSA, VA, DOD, OWCP, Alien #, Receipt #, OPM or other)

Describe the problem. Please be specific and explain how you would like our office to help and attach copies of any relevant documents. If additional space is needed, please use a separate sheet of paper.

Under the Privacy Act of 1974, we must have formal authorization from you before we can inquire on your behalf. I do hereby consent to release any confidential information that may be helpful in resolving my situation as described above to Congressman John Barrow and staff.

Signature: _____ Date: _____