

Privacy Release Form

Name:	· · · · · · · · · · · · · · · · · · ·	Date:	
Agency Involved:			
Agency Case Number(s) or "None":			
Social Security Number:			
Branch of Service (If Applicable):			
Military Rank (If Applicable):			
Date of Birth:			
Street Address:			
City:	Zip Code:		
Email:			
Phone Number and Type:			
Brief Outline of Issue to be Addressed: _			

Please Note:	
The Privacy Act of 1974 requires that Members of Congress or their staff have authorization before they can obtain information about an individual's case. We signature to proceed with a casework inquiry.	
Signature:	
Date:	
Please print, sign and mail, fax, or deliver in person this request to:	
Office of Representative Beth Van Duyne Attn: Casework 14951 Dallas Pkwy, Suite 830 Dallas, TX 75254	