



# The Honorable Jeff Duncan

## Constituent Privacy Release Form

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (work) ( ) \_\_\_\_\_ (home) ( ) \_\_\_\_\_ (cell) ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ VA Number (if applicable): \_\_\_\_\_

List any other identifying numbers that may apply to your situation: (Immigration "A" Number, Case Number, etc.)  
\_\_\_\_\_

Are you currently or have you previously received assistance with this situation from another Member of Congress or Senator: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name: \_\_\_\_\_

Briefly describe the nature of the assistance you are requesting (list any forms you have filed, as well as any names, dates, or contact numbers you think may help with Congressman Duncan's inquiry. Without this information, it may be impossible for the Congressman to adequately assist you. *(You may attach sheets or use the back of this form if additional space is needed. Please note that attaching copies of correspondence from the agency concerning your situation may be helpful).*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN BELOW:**

I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) *et seq.* prohibits any government agency from releasing information they may have in my name without my knowledge or permission. I hereby authorize Congressman Jeff Duncan and members of his staff to obtain such information from federal agencies as may be required for the purpose of investigating and resolving the concerns I have set forth herein. I also understand that this inquiry may not conclude in my best interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form to: Congressman Jeff Duncan  
200 Courthouse Public Square  
P.O. Box 471  
Laurens, SC 29360  
Phone: (864) 681-1028  
Fax: (864) 681-1030**