

Congressman 
Ralph Abraham

Privacy Release Form

Federal Agencies are prohibited by law from releasing any information or discussing an individual without that individual's permission. As required by the Federal Freedom of Information and Privacy Act, I hereby authorize Congressman Abraham or his designated staff to access information concerning me in the files of:

_____ (federal department or agency)

Name: _____ Date of Birth: _____/_____/_____

Mailing Address: _____

City, State, and Zip: _____

E-Mail Address: _____

Telephone: Home (_____) _____ Work (_____) _____

List any or all identifying numbers which might apply to your situation:

Social Security #: _____ VA: _____

Immigration "A" Number: _____ Date Filed: _____/_____/_____

Case Number: _____ Others: _____

Briefly state the nature of your problem (be specific): _____

Briefly state the outcome you are seeking: _____

(If you need more space, please use another sheet of paper.)

Signature: _____ Date: _____

Please mail this form to a district office:

Monroe Office – 426 DeSiard Street, Monroe, LA **Fax:** (318) 322-3577

Alexandria Office – 1434 Dorchester Drive, Suite E, Alexandria, LA **Fax:** (318)445-3776

Washington, D.C. Office – 417 Cannon House Office Building, Washington, D.C. 20515 **Fax:** (202)225-5639