



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 on my behalf and or to discuss my records with the agency involved. I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it.

Mr. (Federal Department or Agency with which you are requesting help)
 Mrs. Name: _____
 Ms. Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____

I prefer to be contacted via: Email or US Mail

Telephone: Home (_____) _____ Cell (_____) _____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Claim/Alien/Receipt/Other # (if applicable): _____

If your request is on behalf of another person, please provide his or her information below:

Name: _____ Relationship: _____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Claim/Alien/Receipt/Other # (if applicable): _____

Briefly describe the nature of your problem and the outcome you are seeking:

Signature: _____ Date: ____/____/____

Please return this form to ONE of the following addresses:
Alexandria Office - 2003 MacArthur Drive, Bldg. 5 Alexandria, LA 71301 **Phone:** (318) 445-0818 **Fax:** (318) 445-3776
Monroe Office - 426 DeSiard Street, Monroe, LA 71201 **Phone:** (318) 322-3500 **Fax:** (318) 322-3577