

PRIVACY RELEASE FORM

Please complete this form and return to the following address:

**Representative Trey Hollingsworth
Attention Shelly Watkins
321 Quartermaster Court
Jeffersonville, IN 47130**

Name of Claimant: _____
(First) (M) (Last)

Address: _____
(Street)

(City) IN (Zip Code)

Phone: (H) _____ (W) _____ (C) _____

Social Security: _____ - _____ - _____

Date of Birth: ____/____/____

Email Address _____

Would you like to receive Representative Hollingsworth's email newsletters?

☐ Yes ☐ No

How did you hear about the services your congressional office has to offer?

Preferred Method of Contact? Please circle one. Mail Phone Email

**PLEASE EXPLAIN WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO
ON YOUR BEHALF:**

Over

Have you contacted any other elected officials about this problem? If yes, who?

Have you had any response on this issue? If so, please list:

If you wish to authorize the release of information regarding your case to a third party, please provide their names:

Constituent Authorization:

I have sought assistance from Representative Trey Hollingsworth on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize Representative Trey Hollingsworth, or any member of his staff to work on my behalf with any federal agency involved in this case. Agencies may release any relevant information contained in my file/records, forward pertinent correspondence sent to me, or discuss issues relevant to my case, all of which may be used by Representative's office until the matter is resolved. I also affirm that the above information is accurate. This must be signed by involved constituent or legally appointed representative.

SIGNATURE: _____ **DATE:** ____/____/____

Please attach a copy of any documents that may be helpful to us.