

## PRIVACY RELEASE FORM

Please complete this form and return to the following address:

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

Name of Claimant: \_\_\_\_\_  
(First) (M) (Last)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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**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.**

