

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 Service Member: _____
(First) (M) (Last)

Address: _____
(Street)
_____ IN _____
(City) (Zip Code)

Phone: (H) _____ (C) _____

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

Identification Numbers:

Social Security: _____ - _____ - _____ Veteran's Claim Number: _____

VETERAN

Branch of Service: _____ What years did you serve? _____

Did you retire from the service? ___ Yes ___ No

CLAIM HISTORY

Has a claim already been filed? ___ Yes ___ No

Date (or approximate date) claim filed: _____

What benefits have you applied for? ___ Health
 ___ Service-Connected Disability
 ___ Non-Service Connected Pension
 ___ Other _____

**Have you heard any response from the Veterans Benefits Administration?
If so, please list:**

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

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

**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.