



U.S. Representative Bob Inglis | SC District 4

Privacy Act Release Form

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I, _____ do hereby authorize Congressman Bob Inglis and/or his staff to all information in my files.

Signature **Date**

Street

Unit

City/State/Zip

Veteran's Name | Social Security Number | VA File Number **Date of Birth**

Beneficiary Name **Social Security Number** **Date of Birth**

Email

Telephone Number

Reason for Inquiry

Previous assistance received from _____
(Member of Congress)