

Congress of the United States

House of Representatives

PRIVACY ACT RELEASE FORM

The Privacy Act of 1974 prohibits Federal agencies from releasing your protected information to third parties. Please complete and sign this form to permit Federal agencies to release information regarding your concerns to Dr. Dan Benishek's congressional office.

Name (Printed):

Address:

City:

State:

ZIP:

Telephone Number:

Date of Birth:

E-mail Address:

Have you contacted any other Congressional office about this issue? If so, which office?

Please provide your Social Security number and any agency number which references your case (i.e. Worker's Compensation Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, or Military ID).

Social Security Number:

Agency numbers:

Please explain the nature of your concern and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete.

Please state the outcome you are seeking:

Signature:

Date:

Please fax or mail your completed form to the district office indicated below:



ALPENA

454 West Baldwin Street
Alpena, MI 49707
Tel: 989-340-1634
Fax: 989-340-1636



TRAVERSE CITY

3301 Veterans Dr, Ste 106
Traverse City, MI 49684
Tel: 231-421-5599
Fax: 231-421-8036



IRON MOUNTAIN

500 S. Stephenson Ave., Ste 500
Iron Mountain, MI 49801-3420
Tel: 906-828-2114
Fax: 906-828-2116



MARQUETTE

307 S. Front St., Ste 120
Marquette, MI 49855-4613
Tel: 906-273-2074
Fax: 906-273-2076