



Privacy Act Release Form
Representative Mike Ezell – Fourth Congressional District, Mississippi

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the Privacy Act statement below, you are authorizing the federal agency involved to disclose such information to U. S. Congressman Mike Ezell and/or members of his staff. Such information will be kept confidential by them. You also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

PLEASE COMPLETE AND RETURN FORM TO THE DISTRICT OFFICE ASSIGNED TO HANDLE YOUR CASE.

NAME (LAST) _____ (First) _____ (MI) _____

ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ EMAIL _____

PHONE _____ CELL _____ ALT _____

DATE OF BIRTH _____ SSN _____

THIRD PARTY (if applicable) _____ Relationship? _____

If your matter concerns the US Military or Veterans Affairs, please provide the following information and attach DD214 if possible:

BRANCH _____ DATES OF SERVICE _____ TO _____ RANK _____

HOME OF RECORD _____ LAST DUTY STATION _____

DID YOU HAVE COMBAT SERVICE? NO _____ YES _____ CONFLICT _____

V.A. FILE NUMBER (if different from SSN) _____

Is this matter currently under consideration by an attorney? NO YES _____ FIRM _____

Have you contacted any other Congressional office about this matter? NO YES NAME _____

NOTE: If transferring case from another congressional office, please provide written documentation from that office regarding closure & transfer.

PLEASE EXPLAIN THE ISSUE YOU ARE FACING AND THE OUTCOME YOU WOULD LIKE TO SEE:

(Use reverse side or add another page if necessary and attach any relevant documentation that may be helpful in resolving your issue.)

Pursuant to the provisions of 5 U.S. Code 552a (Privacy Act of 1974) P. L. 93-579, I hereby authorize the release of information from my medical records (if applicable), any files pertaining to me, or copies thereof, to U. S. Representative Mike Ezell and/or his staff. This document shall remain valid until revoked in writing by below signee:

Signature _____ Date Signed _____