

## Case Information and Privacy Act Release Form

### Information Release

The provisions of the Federal Privacy Law of 1974, Public Law 93-579 require that I receive your written authorization to allow the various federal agencies I contact on your behalf to provide me a detailed reply.

I hereby request the assistance of the Office of Congressman Glenn "GT" Thompson to resolve the matter described below. I authorize Congressman Glenn "GT" Thompson and his staff to receive any information from the federal agencies that is required to provide this assistance.

**Please concisely outline the problem and state your proposed resolution:**

(If more space is required, please continue on page 2)

Return Form To: Congressman Glenn Thompson, 3555 Benner Pike, Suite 101, Bellefonte, PA 16823  
(814) 353-0215 or fax (814) 353-0218

Thank you for allowing me to assist your with your federal issue. As a Member of Congress, my staff and I will do our very best to assist you. Although we cannot force a federal agency to act in your favor, we can be an advocate and encourage the federal authorities to give your case full consideration under all applicable agency rules. Further, please note that House Rules do not allow me to intervene in legal court matters.

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Federal Agency Involved:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

(Social Security #, Alien #, Receipt #, Tax ID #, VA Claim #)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Explanation (Continued):**

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