

**PRIVACY RELEASE**  
**Office of Congressman Bart Gordon**

I have sought the assistance of Congressman Bart Gordon on a matter that may require the release of information contained in records maintained by your agency. These records may be prohibited from distribution under the "Privacy Act of 1974".

I hereby authorize your agency to release all relevant portions of my record or discuss issues involved, with Congressman Gordon or any authorized member of his staff.

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

Please print and sign

Please print the following:

Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Veterans Affairs #: \_\_\_\_\_

Explain problem: