



Office of U.S. Congressman Russ Fulcher

Privacy Release Form

Name: _____ Date of Birth: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Other Phone: (____) _____

Social Security Number/V.A. Number/Passport Locator Number: _____

(Please provide the appropriate identification number pertaining to the assistance you are seeking our help with)

Have you contacted any other elected official regarding this matter? If so, who?

Explanation: Please describe the specific information you are requesting, or the exact nature of the problem you are experiencing. Send copies of any relevant information (please do not send originals). Use extra paper if necessary.

Privacy Release: To remain in compliance with the Privacy Act of 1974, federal agencies may not disclose any information without written consent from the individual who is the subject of the records. **Family members, friends, an attorney, an authorized representative, or other interested parties can not authorize the release of your personal information on your behalf.**

I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it; I reviewed and understand all of the information contained in my privacy release and submitted with it; and all of this information is complete, true, and correct. I authorize the federal agency to release information contained in my records as relevant, to the extent permitted by law, to Representative Russ Fulcher and the Member's staff. Your signature also gives permission to send a copy of this form and any attached letters or supporting documentation to the appropriate agency.

Signature (Sign in ink): _____ **Date:** _____

Please return this form to: 33 E. Broadway, Suite 251, Meridian, ID 83642, Fax: 208-888-0894.