Congressman Larry Kissell

Constituent Information Form and Privacy Release

Name: _____ M ___ F ___ (check one)

Street Address: _____

City: _____ State: NC Zip: _____ - _____

Telephone: (work) ( ) _____ _____ (home) ( ) _____ _____

E-mail Address: _____

List any and all identifying numbers that apply to your situation:
(Social Security #, VA #, Immigration "A" #, Case Number, etc.)

_____

Briefly describe the nature of the assistance you are requesting (list any forms you have filed, as well as any names, dates or contact numbers you think may help the Congressman's inquiry. If you are writing on behalf of another individual, include his or her relationship to you, his or her contact information and, if possible, have them sign this form as well):

PLEASE READ AND SIGN BELOW:

I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) *et seq.* prohibits any government agency from releasing information they may have in my name without my knowledge or permission. I hereby authorize Congressman Larry Kissell and members of his staff to obtain such information from government agencies as may be required for the purpose of investigating and resolving the concerns I have set forth herein.

_____ _____
Signature Date

Please return to: Congressman Larry Kissell, 325 McGill Ave, Suite 500, Concord, NC 28027
Fax Number: 704-782-1004

★ Before sending, please check that all neccessary identification, contact numbers and signatures are included. Please call 704-786-1612 with any questions.