

# CONGRESSMAN CHRIS VAN HOLLEN'S PRIVACY RELEASE

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant Representative Chris Van Hollen my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Representative Van Hollen.

**Name:** Mr./ Ms./ Mrs./ Miss/ Dr. \_\_\_\_\_

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

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

**Telephone Numbers: Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**PLEASE STATE THE NATURE OF YOUR REQUEST, PROBLEM OR COMPLAINT AND HOW YOU WOULD LIKE THE CONGRESSMAN TO ASSIST YOU. PLEASE BE SPECIFIC AND, IF NECESSARY, ATTACH A SHORT LETTER AND/OR COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES.**

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

**Social Security Number (if applicable):** \_\_\_\_\_

**Case/Account Number (if applicable):** \_\_\_\_\_

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

*I authorize the Office of Congressman Chris Van Hollen to make inquiries on my behalf:*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:**

**Rep. Chris Van Hollen  
51 Monroe Street, Suite 507  
Rockville MD 20850  
FAX: 301-424-5992**