Congressman Hank Johnson
4th Congressional District of Georgia
Social Security Privacy Release Form

Name: _____ M___ F__ Date of Birth: _____
Address: _____ Place of Birth: _____
City: _____ State: _____ Zip Code _____
Phone: _____ E-mail: _____ Mother's Maiden Name: _____
Would you like to subscribe to Congressman Johnson's e-newsletter? Yes: __ No: __
Do you currently have an attorney/veteran service representative working with you? Yes: __ No: __

Please provide any applicable identifying information:

Social Security Number: _____ **Alien Number:** _____
Veterans Claim Number: _____ **Branch:** _____
Case/Claim Number: _____ **Date Filed:** _____
Other(s): _____
Lender & Account Number: _____
Agency Involved: _____
When did you last receive correspondence from the agency?: _____

Name: _____ **Phone:** _____
Briefly describe the nature of the assistance you are requesting. You may attach any additional documentation.

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express written permission of the person involved, Disclosure of personal records to a Congressman who is acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented. f, the undersigned, hereby authorize the release of all pertinent information to and by Congressman Johnson or his representatives to make an inquiry on my behalf.

Signature: _____ **Date:** _____

Print: _____

Please return signed form to:
5240 Snapfinger Park Drive, Suite 130
Decatur, GA 30035
Phone: 770-987-2291 Fax: 770-808-2056