



Congressman Jim Cooper

Proudly Serving Tennessee's Fifth District

Privacy Act Release Form

Due to the enactment of Public Law 93-579, the "Privacy Act," it is necessary to complete and sign the following form, which authorizes Congressman Jim Cooper to make any necessary inquiry and/or intercession on your behalf in connection with the agency or program with which you have requested assistance. Any information obtained will only be used in conjunction with the problem presented to the Congressman.

Full Name: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cellular Phone: (____) _____

Other Phone: (____) _____

Social Security #: _____ - _____ - _____

Date of Birth: _____

VA Number: _____

INS Number: _____

Notes on Case: _____

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: _____

Date: _____

Please send completed form to:

Congressman Jim Cooper

706 Church Street

Suite 101

Nashville, TN 37203-3586