

PRIVACY ACT RELEASE FORM

As required by Public Law 93-579, the "Privacy Act", I hereby request and authorize Congressman Jim Cooper to make any necessary inquiry and/or intercession on my behalf in connection with any matter I have pending with the following agency or program:

Agency or Program: _____

Full Name: _____ Date: _____
(please print)

Address: _____
(street) (city) (zip code)

Phone: (home) _____
(work) _____
(cell) _____

Date of Birth: _____ Social Security #: _____
VA # Number: _____ INS # : _____

Description of Problem:

* I understand that the casework services provided by the Office of Rep. Jim Cooper do not constitute legal advice and are not a substitute for the advice of professional legal counsel. I further understand that Rep. Jim Cooper and any staff member working in Rep. Cooper's office are not my legal representatives in any judicial or administrative proceeding connected to my case. I understand that I have the option to engage in legal counsel in addition to the casework services provided by the office of U.S. Rep. Jim Cooper.

Signature: _____
Date: _____

Complete, sign and return to: Congressman Jim Cooper's Office
Fax (615) 736-7479
Email Please call 615-736-5295 to get the appropriate email address
Mail* 605 Church Street
Nashville, TN 37219

*Please note: We highly recommend faxing or e-mailing your document for faster service.