

Privacy Release Form

Privacy Release Form Congressman Bob Ney 18th Congressional District, Ohio

Name _____

Full Postal Address _____

Home phone _____ Business phone _____

Please complete blanks where applicable:

Social Security Number _____

Veterans Claim Number _____

Military Identification Number _____

Other numbers identifying your case _____

Types of benefits I am seeking _____

Date and Place claim was filed _____

Federal agency involved _____

Additional information/explanation of request:

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Bob Ney or a member of his staff to make the appropriate inquiry on my behalf.

(Signature)