



## Office of Congressman J. Randy Forbes

Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	<b>Date of Birth</b> _____
		(if applicable to your issue)
<b>Street Address</b> _____		
<b>City, State, and Zip Code</b> _____		
<b>Phone:</b> Home ( _____ ) _____ Cell ( _____ ) _____		
<b>Email</b> _____		
<p>Would you like to sign up to receive Congressman Forbes' weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Please include the following information <i>only</i> if it pertains to your inquiry:</b></p> <p><b>Veterans Claim Number:</b> _____</p> <p><b>Case Related File Number:</b> _____</p> <p><b>SSN:</b> _____ (not providing this may delay your response)</p>		

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman J. Randy Forbes or any authorized member of his staff until the matter is resolved.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(mm/dd/yyyy)

**Please return this form by mail or fax to the office nearest you:**

Congressman J. Randy Forbes  
Chesterfield District Office  
9401 Courthouse Road, #202  
Chesterfield, Virginia 23832  
PH: 804-318-1363  
FAX: 804-318-1013

Congressman J. Randy Forbes  
Chesapeake District Office  
505 Independence Parkway #104  
Chesapeake, Virginia 23320  
PH: 757-382-0080  
FAX: 757-382-0780