

PRIVACY ACT RELEASE FORM
PLEASE PRINT CLEARLY

Mr. Mrs. Ms. Full Name: _____

Address of Residence: _____

City _____ State _____ Zip Code _____

Phone #: Home (____) _____ Work (____) _____ Other (____) _____

Email Address: _____

To begin your inquiry, complete the portions which apply to your circumstance:

Federal Agency Involved: _____

Social Security Number: _____ Date of Birth: _____

Military ID#: _____ Veteran's Claim #: _____

Military Branch, Rank and Unit: _____

Alien #: A _____ USCIS/Dept. of State Receipt #: _____

Immigration—Petitioner's Name: _____

Beneficiary's Name: _____

Other Numbers Identifying Your Claim: _____

Please briefly describe your situation and the action, result or information desired. Use the back of this form, or attach a separate page, if necessary. Be sure to provide any pertinent documentation.

Please send completed forms to: Congressman Mike Turner

Residents of Clinton and Highland Counties:

61 E. Main Street, Suite 1
Wilmington, OH 45177
937-383-8931
937-383-8910 (fax)

Residents of Montgomery and Warren Counties:

120 W. Third Street, Suite 305
Dayton, OH 45402
937-225-2843
937-225-2752 (fax)

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) your signed consent is required before making an inquiry on your behalf. Completing and signing this form authorizes Congressman Mike Turner and his staff to make inquiries to the appropriate officials on your behalf and for those agencies to release information to him or his staff.

SIGNATURE: _____ **DATE:** _____