

PRIVACY ACT FORM FOR CONGRESSMAN ED WHITFIELD

Please Print

Date _____ County _____

Name _____

Mailing Address _____

City _____ State _____ ZipCode _____

Telephone Number _____ Date of Birth _____

Social Security # _____ Provide if used as identifying number for your claim

Other contact and/or Spouse's Name _____

VA Claim # _____ (this only applies to veterans with claims to the Department of Veterans Administration)

Please provide a brief description of your problem and specify how our office may be of assistance. Continue on back if necessary or use a second sheet of paper.

PRIVACY ACT RELEASE

I hereby authorize Congressman Ed Whitfield and those acting in his behalf, in order to help be of assistance to me, to obtain in accordance with applicable laws and regulations information pertaining specifically to this matter.

SIGN HERE: _____ DATE _____

Please mail to:

Congressman Ed Whitfield

1403 South Main Street
Hopkinsville, KY 42240
Fax Number: 270-885-8598