



C o n g r e s s m a n  
**Steve Scalise**

**PRIVACY RELEASE FORM**

Federal Agencies are prohibited by law from releasing any information or discussing an individual without that individual's permission. As required by the Federal Freedom of Information and Privacy Act, I hereby authorize Congressman Steve Scalise or his designated staff to access information concerning me in the files of:

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(Federal Department or Agency)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**List any or all identifying numbers which might apply to your situation:**

Social Security #: \_\_\_\_\_ VA: \_\_\_\_\_

Immigration "A" Number: \_\_\_\_\_ Date Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Number: \_\_\_\_\_ Others: \_\_\_\_\_

Briefly state the nature of your problem (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly state the outcome you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you need additional space, please use another sheet of paper.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Congressman Steve Scalise**

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