



Congressman
Steve Scalise

PRIVACY RELEASE FORM

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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: _____

PLEASE MAIL OR FAX THIS FORM TO THE OFFICE LOCATED CLOSEST TO YOUR RESIDENCE:

Congressman Steve Scalise

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