



Privacy Act Release Form
Representative Dwight Evans – Third Congressional District, Pennsylvania

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the Privacy Act statement below, you are authorizing the federal agency involved to disclose such information to U. S. Congressman Dwight Evans and/or members of his staff. Such information will be kept confidential by them. You also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

NAME (LAST) _____ (FIRST) _____ (MI) _____

ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ EMAIL _____

PHONE _____ CELL _____ ALT _____

DATE OF BIRTH _____ SSN _____

THIRD PARTY (if applicable) _____ Relationship? _____

Pursuant to the provisions of 5 U.S. Code 552a (Privacy Act of 1974) P. L. 93-579, I hereby authorize the release of information from my medical records, any files pertaining to me, or copies thereof, to U. S. Representative Dwight Evans and/or his staff.

SIGNATURE _____ DATE _____

If your matter concerns the **US Military or Veterans Affairs**, please provide the following information:

BRANCH _____ DATES OF SERVICE _____ TO _____ RANK _____

HOME OF RECORD _____ LAST DUTY STATION _____

DID YOU HAVE COMBAT SERVICE? NO _____ YES _____ CONFLICT _____

V.A. FILE NUMBER (if different from SSN) _____

Is this matter currently under consideration by an attorney? NO _____ YES _____

Have you contacted any other Congressional office about this matter? NO _____ YES _____ NAME _____

NOTE: If you would like Rep. Evans to take over your case from another congressional office, you must provide written documentation from that office indicating that the matter is closed with any other U.S. Representative or Senator's office before we can proceed on your behalf.

PLEASE EXPLAIN THE ISSUE YOU ARE FACING AND THE OUTCOME YOU WOULD LIKE TO SEE:

(Use reverse side or add another page if necessary, and attach any relevant documentation that may be helpful in resolving your issue.)

PLEASE COMPLETE AND RETURN FORM TO 7174 OGONTZ AVE, PHILADELPHIA, PA 19138 OR FAX TO (771) 200-5094