



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 Vitter to request and access information concerning me in the files of:

(federal department or agency)

Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

E-Mail Address: _____

Telephone: (Home) (____) _____ (Work) (____) _____

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 more space, please use another sheet of paper)

Signature: _____ Date: _____

Please mail this form to:
Southshore: 2800 Veterans Blvd., Suite 201, Metairie, LA 70002 fax: (504) 589-2607
Northshore: 300 East Thomas Street, Hammond, LA 70401 fax: (985) 542-9577