



Office of Congressman H. Morgan Griffith
Consent for Release of Personal Records by Executive Agencies

Mr. Mrs. Ms. _____ **Date of Birth** _____
(mm/dd/yyyy)

Address _____

City, State, and Zip Code _____

Phone: Home (____) _____ Cell (____) _____ **SSN** _____

Email _____

Would you like to sign up to receive Congressman Griffith's e-newsletter? **Yes** **No**

Please include the following information *only* if it pertains to your inquiry:

Veterans Claim Number _____ **CSA Number** _____

DOL Claim Number _____

****Please attach a separate sheet with a brief explanation of your situation and copies of any letters, correspondence or other pertinent documents regarding your case.**

I have sought assistance from Congressman H. Morgan Griffith on a matter that may require the release of information maintained by a federal agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize any federal agency to release all relevant portions of my records or to discuss problems involved in this case with Congressman H. Morgan Griffith or any authorized member of his staff until the matter is resolved.

Signature _____ **Date** _____
(mm/dd/yyyy)

Please return this form by mail or fax to: Congressman H. Morgan Griffith
(in care of the nearest district office)

Abingdon
323 West Main Street
Abingdon, VA 24210
(276)525-1405(phone)
(276)525-1444(fax)

Christiansburg
17 West Main Street
Christiansburg, VA 24073
(540) 381 5671 (phone)
(540) 381 5675 (fax)

