Office of Congressman Joe Wilson

Second District of South Carolina

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act.

Name: _____ Date of Birth: _____

Home Phone: (_____)_____ Other Phone: (_____)_____ Best Time to call:_____

Email:_____ Preferred method of contact:_____

Street Address:_____

City: _____ State:_____ Zip Code:_____

The federal agency I need assistance with: _____ (VA, Social Security, IRS, etc.)
Agency

The issue I am having is: _____

_____

_____

_____

_____

The resolution I am seeking is: _____

_____

_____

_____

_____

Social Security # / Case # / Tax Year (etc.): _____

(Please provide the appropriate identification number pertaining to the assistance sought)

To Whom it May Concern: I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the privacy act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

☐ I would like to receive e-newsletters and other important information from Congressman Wilson

SIGNATURE: _____ Date: _____

Have you contacted any other elected official regarding this case? Yes/No (*circle one*) If so, who?

_____

_____

Please list the name and relationship information for any third person we can disclose information to (attorney, parent, spouse, state legislature, etc.)

_____ Phone Number: _____

_____ Phone Number: _____

_____ Phone Number: _____

Please return this form to the office below:

Congressman Joe Wilson (SC02)
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, SC 29169

Office: (803) 939-0041
Fax: (803) 939-0078