



# 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?

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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