



PRIVACY RELEASE FORM

CONGRESSMAN GARY PETERS

Michigan's 14th Congressional District

The Privacy Act of 1974 requires that I obtain your direct authorization for my office to investigate on your behalf. Please complete and return this privacy release form to my **Detroit** office at the address listed below.

Thank you for your cooperation.

To Whom It May Concern:

Congressman Peters and his staff have my permission to receive and review any information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me involving:

Name of Agency: _____

Please give a detailed account of your problem (Use additional paper if necessary):

Is any other Congressional Office working on this concern? If yes, which one? _____

Print Full Name: _____

Legal Signature: _____ Date: _____

Address: _____

Telephone Number: Home: _____ Cell: _____

Date of Birth: ____/____/____

Social Security Number: ____-____-____

Email Address: _____

Please return form by mail to:

Congressman Gary Peters
Attn: Constituent Services
400 Monroe St., Suite 290
Detroit, MI 48226

Or By Fax to: (313) 964-9959