



PRIVACY RELEASE FORM

CONGRESSMAN GARY PETERS

Michigan's Ninth 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 **Troy** 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?

In reference to your request, have you attempted to work with the relevant Department or Agency to resolve your issue?

Yes No

Print Full Name: _____

Legal Signature: _____ Date: _____

Address: _____

Telephone Number: Home: _____ Cell: _____

Date of Birth: _____/_____/_____

Social Security Number: _____ - _____ - _____

Please return form by mail to:
Congressman Gary Peters
Attn: Constituent Services
560 Kirts Blvd, Suite 105
Troy, MI 48084
Or By Fax to: (248) 273-4704