

**OFFICE OF CONGRESSMAN ANDY BARR
PRIVACY RELEASE FORM**

SECTION 1: CONTACT INFORMATION

Full Name: _____

Address: _____ Zip: _____

Phone(s): _____ | _____ Birth Date: _____

Social Security: _____ Email Address: _____

SECTION 2: ADDITIONAL INFORMATION

Have you reached out to any other member of Congress? If so, who? _____

Federal agencies for which you are requested assistance (if known): _____

Agency Case Number (if known): _____

List the name and phone number of individuals with whom you authorize us to share information regarding your case:

SECTION 3: WRITE A BRIEF STATEMENT REGARDING CONCERN OR REQUEST

SECTION 4: AUTHORIZATION

I authorize Congressman Andy Barr, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO:

Office of Congressman Andy Barr | 2709 Old Rosebud Road, Suite 100 | Lexington, KY 40509
859-219-1366 (phone) | 859-219-3437 (fax)

Office Receipt Date: _____