



CONGRESSMAN ANDY BARR
2709 OLD ROSEBUD ROAD, SUITE 100
LEXINGTON, KY 40509
PHONE: (859) 219-1366

PRIVACY RELEASE FORM

The Privacy Act of 1974 requires permission in writing before making an inquiry on your behalf. Completing and signing this form authorizes Congressman Andy Barr and those acting on his behalf to make inquiries to the appropriate federal agency on your behalf.

CONTACT INFORMATION:

Full Name: _____

Street Address: _____ City _____ Zip: _____

Phone(s): _____ SSN: _____

Email Address: _____ Birth Date: _____

CASE TYPE: <input type="checkbox"/> IMMIGRATION <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> VETERANS/MILITARY <input type="checkbox"/> DISABILITY <input type="checkbox"/> <input type="checkbox"/> MEDICARE/MEDICAID <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____

FOR IMMIGRATION ISSUES	
A#: _____	CASE NUMBER: _____ <input type="checkbox"/> USCIS <input type="checkbox"/> STATE DEPARTMENT
I AM A: <input type="checkbox"/> U. S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE/ASYLEE <input type="checkbox"/> OTHER	

FOR MEDICARE, SOCIAL SECURITY, VETERANS/MILITARY, IRS, ETC.
SOCIAL SECURITY NUMBER: _____
EIN: _____
CSA: _____
MEDICARE # _____

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

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

WRITE A BRIEF STATEMENT REGARDING CONCERN OR REQUEST

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: _____
(actual physical signature required- electronic signatures not accepted)

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) | barrcasework@mail.house.gov (email)