



OFFICE OF CONGRESSMAN  
JODY HICE  
10TH DISTRICT OF GEORGIA

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Monroe, GA 30655  
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PRIVACY ACT RELEASE

Contact Information: Please provide your mailing address. If either your physical or mailing address is located outside the 10th Congressional District of Georgia, please explain in your statement below.

PREFERRED TITLE: MR. MS. MRS. DR. OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CELL: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Alternate Contact: If you would like to authorize another person to communicate with us in reference to your case, you must state his or her name and phone number. If an attorney represents you, please note here.

ALTERNATE CONTACT NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

Identification: Not all the following identification pertains to your concerns. Please provide your social security number, date of birth and any other identification relevant to your case.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

VA FILE NUMBER: \_\_\_\_\_ CLAIM NUMBERS: \_\_\_\_\_

Your Statement: Below or in an attached letter, please provide a statement regarding the nature of your problem and the assistance you need from this office. Please attach copies of any documents important to your case:

STATEMENT:  
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Pursuant to the requirements of the Privacy Act, PL 93-579, I hereby authorize Congressman Jody Hice and his staff to access my records and I respectfully request their assistance in resolving my case.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_