

**Lynn Westmoreland  
3rd Congressional District**

**United States House Representatives  
Washington, DC 20510-1006**

**Privacy Release Form**

The Privacy Act 1974 prohibits the government from revealing any information from personal files of individuals without the express written permission of the person involved. Disclosure of personal records to a member of Congress or staff who is acting on Behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.

*I, the undersigned, hereby authorize the release of all pertinent information to Congressman Lynn Westmoreland or his staff to make an inquiry on my behalf to the \_\_\_\_\_.* (Name of Agency)

**Name** \_\_\_\_\_ **Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Give a Brief Description Of Your Problem Below:  
(Use the back of the page if necessary)**

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**Please Send This Form To: 1601 Highway 34 East  
Suite B Newnan, GA 30265  
Or Fax To 770-683-2042**