

UNITED STATES CONGRESS ♦ OHIO

Congressman Steve Stivers

CONSENT FOR RELEASE OF INFORMATION

To begin processing your case, please complete the following information. **Please Print:**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Cell: _____ Work: _____
Email: _____ Fax: _____
Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____

Complete following fields only if applicable to your case.	
BWC Claim Number: _____	Loan/Account Number: _____
Passport Number: _____	Confirmation Number: _____

Briefly explain your problem and/or desired information (*Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents.*)

Please Print:

I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) prohibits the release of information in my file without my approval. I hereby authorize the above mentioned agency (agencies) to provide information regarding my case or claim to the Office of United States Congressman Steve Stivers.

Signature: _____ Date: _____

Please Return Completed Form and Documents To:

By Mail:
Office of Congressman Stivers
C/O Nathaniel Beach
3790 Municipal Way
Hilliard, OH 43026

By Fax:
Fax: (614) 771-3990
Attn: Nathaniel Beach

Questions:
Telephone: (614) 771-4968