

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: _____

Email: _____ Fax: _____

Social Security Number: _____ - _____ - _____

Date of Birth (mm/dd/yyyy): _____

Complete following fields only if applicable to your case.

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*):

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:
Sherry Stuckert
69 N. South St.
Wilmington, OH 45177

By Fax:
937-283-7052

Questions:
Phone: 937-283-7049