

**CONGRESSMAN DAVID TRONE  
GENERAL PRIVACY RELEASE FORM:**

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant Representative David Trone and his staff my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Representative Trone.

**Name:** Mr./Ms./Mrs./Dr. \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Numbers:** Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_

**PLEASE STATE THE NATURE OF YOUR REQUEST, PROBLEM OR COMPLAINT ON WHICH YOU WOULD LIKE ASSISTANCE. PLEASE BE SPECIFIC AND, IF NECESSARY, ATTACH A SHORT LETTER AND COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

*I authorize the Office of Congressman David Trone to make inquiries on my behalf:*

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

**PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:**

Rep. David Trone  
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• E-mail: Trone.Casework@mail.house.gov