

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/Mx./Other: _____

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

9801 Washingtonian Boulevard Suite 330 • Gaithersburg MD 20878 • FAX: 301-926-0324

E-mail: Trone.Casework@mail.house.gov