



Caseworker (please select):

Debi Echols	_____
Timothy Jackson	_____
Sandy Garvey	_____
Laura W. Smith	_____
Johnny Turner	_____
Kathy Murray	_____

## Congressman Mo Brooks (AL-5) Privacy Act Release Form

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Case/Claim/Receipt Number (if applicable): \_\_\_\_\_

Alien Number (if applicable): \_\_\_\_\_

Have you contacted another Congressional office or do you plan on contacting another Congressional office for assistance with this matter?  YES  NO

If yes, which one(s)?

\_\_\_\_\_ U.S. Senator Richard Shelby

\_\_\_\_\_ U.S. Senator Doug Jones

## Description of the Problem and Assistance Requested:

(Please use additional paper if needed.)

The Privacy Act of 1974 ([Public Law 93-579](#)) prohibits the federal government and its agencies from revealing any information from personal files of individuals without the expressed, written permission of the individual involved.

I, (print your name) \_\_\_\_\_, hereby authorize Congressman Mo Brooks and his staff to request and receive information from any involved federal, state or municipal government agency as relevant to this issue.

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

Please return this form to Congressman Mo Brooks at the District Office for your county:

### **Madison & Jackson**

Huntsville District Office  
2101 West Clinton Avenue  
Suite 302  
Huntsville, Alabama 35805  
(256) 551-0190 (*phone*)  
(256) 551-0194 (*fax*)

### **Limestone & Morgan**

Decatur District Office  
Morgan County Courthouse  
302 Lee Street, Room 86  
Decatur, Alabama 35602  
(256) 355-9400 (*phone*)  
(256) 355-9406 (*fax*)

### **Lauderdale**

Shoals District Office  
102 South Court Street  
Suite 310  
Florence, Alabama 35630  
(256) 718-5155 (*phone*)  
(256) 718-5156 (*fax*)