



CONSTITUENT ASSISTANCE FORM

The Privacy Act (Public Law 93-579) prohibits the disclosure of confidential information concerning your affairs without your written authorization. Additionally, the Department of Veterans Affairs (VA) requires your authorization to release any information pertaining to past, present, and future VA claims and issues. If you wish for Congressman David Price's office to make an inquiry on your behalf, complete the authorization form and return it to the appropriate office listed below:

Rep. David Price's District Office

2605 Meridian Parkway, Suite 110

Durham, NC 27713

Phone: (919) 967-7924

Fax: (919) 859-5998

Authorization for Release of Confidential Information

I, _____, hereby authorize the Office of Representative David Price to
(Full Legal Name)
obtain personal and confidential information from _____
(Government Department/Agency)
concerning myself/ourselves involving the matter outlined below.

Signature _____ Date _____

Name: (Mr. / Mrs. / Ms.) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Alien Registration Number (if applicable): _____ Military ID (if applicable): _____

Briefly describe your concerns. Please attach any additional information if needed:
