

Constituent Assistance Form

Privacy Act of 1974(Public Law 93-579)

The Privacy Act (Public Law 93-579) prohibits the disclosure of confidential information concerning your affairs without your written authorization. By signing this form, you certify that, to the best of your knowledge, all of the information you have provided is complete, true and correct. Please return the signed and completed form to the appropriate office listed below:

Raleigh District Office

U.S. Representative David Price
436 N. Harrington Street, Unit 100
Raleigh, NC 27603
Phone: (919)859-5999
Fax: (919)859-5998

Durham-Chapel Hill District Office

U.S. Representative David Price
1777 Fordham Boulevard, Suite 204
Chapel Hill, NC 27514
Phone: (919)967-7924
Fax: (919)967-8324

Authorization for Release of Confidential Information

I, _____, hereby authorize Congressman David E. Price
(Name)
and his staff to obtain confidential information from _____
(Government Agency/Office)
concerning myself/ourselves involving the matter outlined below.

Signature (sign in ink) _____ **Date** _____

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

Name: (Mr./Ms.) _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Email Address: _____

Social Security No (if applicable): _____ **Date of Birth:** _____

Alien Registration No (if applicable): _____ **Place of Birth (if applicable):** _____