



PRIVACY ACT RELEASE FORM

As required by the Privacy Act of 1974, I authorize United States Representative David B. McKinley to obtain information from _____ regarding my claim or problem. **(Agency or Office)**

Signature _____ Date ____/____/____

Name _____ Home Telephone _____
(Print) Mobile/ Work Telephone _____

Date of Birth _____ Social Security Number ____-____-____

Email address _____

Address _____ City _____

State _____ Zip _____ County _____ Claim Number (if applicable) _____

Please describe your problem and the current status of your claim.

***Please feel free to write on back if necessary**

Please return form to:

Congressman David B. McKinley, P.E.
709 Beechurst Avenue
Suite 29
Morgantown, WV 26505
Phone (304) 284-8506 Fax (304) 284-8505