



## Congressman Scott Rigell's Privacy Release Form

In accordance with the Privacy Act of 1974, it is necessary for you to complete and sign this form to authorize this office to obtain the information necessary to respond to your request for assistance. By signing this form, you understand any documents you provide to Congressman Rigell and his staff may be copied and forwarded to officials of the relevant agency. All federal agencies are allowed a minimum of 30 days to respond to congressional inquiries.

Name (Printed): \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide your Social Security number or any agency case numbers which reference your case (i.e. OWCP Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, Military ID): \_\_\_\_\_

Please explain the nature of your problem and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please return form to:** Congressman Scott Rigell  
4772 Euclid Road, Suite E  
Virginia Beach, VA 23462  
Phone: (757) 687-8290  
Fax: (757) 687-8298