



Office of Congressman Ben Cline

Consent for Release of Personal Records by Executive Agencies

Mr. Mrs. Ms. _____ DOB: _____

Address: _____

City, State, & Zip Code: _____

Phone: Home: _____ Cell: _____

Email: _____

Would you like to subscribe to Congressman Cline's e-newsletter? Yes No

Please include the following information *only* if it pertains to your inquiry:

SSN # _____ MBI # _____

Veterans Claim # _____

OPM # _____ OWCP # _____

Attach a brief explanation of your situation and copies of any documents related to your case.

I have sought assistance from Congressman Ben Cline on a matter that may require the release of information maintained by your agency and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my record or to discuss problems involved in this case with Congressman Ben Cline or his representative until this matter is resolved.

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE OFFICE MARKED BELOW.

Harrisonburg Office
70 North Mason St.
Suite 110
Harrisonburg, VA 22802
540-432-2391 (P)

Roanoke Office
10 Franklin Rd., SE
Suite 510
Roanoke, VA 24011
540-857-2672 (P)

Staunton Office
117 S. Lewis St.
Suite 215
Staunton, VA 24401
540-885-3861 (P)

Winchester Office
100 North Loudoun St.
Suite 120
Winchester, VA 22601
540-546-0876 (P)

OR VIA FAX AT 540-857-2675