



## Office of Congressman Bob Goodlatte

Consent for Release of Personal Records by Executive Agencies

Mr.  Mrs.  Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ SSN # \_\_\_\_\_

Email \_\_\_\_\_

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

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

Veterans Claim # \_\_\_\_\_ CSA # \_\_\_\_\_ DOL # \_\_\_\_\_

**\*Please attach a brief explanation of your situation and copies of any documents related to your case.\***

I have sought assistance from Congressman Bob Goodlatte 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 Bob Goodlatte 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.  
Harrisonburg, VA 22802  
540-432-2391 (P)  
540-432-6593 (F)

**Lynchburg Office**  
916 Main St.  
Suite 300  
Lynchburg, VA 24504  
434-845-8306 (P)  
434-845-8245 (F)

**Roanoke Office**  
10 Franklin Rd., SE  
Suite 540  
Roanoke, VA 24011  
540-857-2672 (P)  
540-857-2675 (F)

**Staunton Office**  
117 S. Lewis St.  
Suite 215  
Staunton, VA 24401  
540-885-3861 (P)  
540-885-3930 (F)