

### PRIVACY ACT FORM FOR CONGRESSMAN ED WHITFIELD

Please Print

Date \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Provide if used as identifying number for your claim

Other contact and/or Spouse's Name \_\_\_\_\_

VA Claim # \_\_\_\_\_ (this only applies to veterans with claims to the Department of Veterans Administration)

Please provide a brief description of your problem and specify how our office may be of assistance. Continue on back if necessary or use a second sheet of paper.

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#### PRIVACY ACT RELEASE

I hereby authorize Congressman Ed Whitfield and those acting in his behalf, in order to help be of assistance to me, to obtain in accordance with applicable laws and regulations information pertaining specifically to this matter.

SIGN HERE: \_\_\_\_\_ DATE \_\_\_\_\_

Please mail to:

**Congressman Ed Whitfield**  
1403 South Main Street  
Hopkinsville, KY 42240  
Fax Number: 270-885-8598