

CONGRESSMAN ZACK SPACE

Representing Ohio's Eighteenth Congressional District

PRIVACY RELEASE FORM

In accordance with the "Right to Privacy Act," I hereby request the assistance of the Office of Congressman Zack Space. I understand that in order for Congressman Zack Space to respond to my request for assistance, it may be necessary for Mr. Space and his staff to review those federal, medical, IRS, or banking records that contain information needed to assist me. By signing this form, I authorize the appropriate agencies to release such information that Congressman Zack Space and his staff require.

The information I have provided to Congressman Zack Space is true and accurate to the best of my knowledge and belief. The assistance I have requested from Congressman Zack Space's office is in no way an attempt to evade or violate any federal, state, or local law.

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Federal Agency Involved (if known): _____

Case Number (if applicable): _____

SIGNED: _____ DATE: _____

Description of Situation: _____

Please return this form to my District Office at:

Congressman Zack Space
137 East Iron Avenue
Dover, Ohio 44622

330-364-4300
330-364-4330 (fax)