

**U.S. Congressman
Honorable Frank D. Lucas
3rd District, Oklahoma**

For Office Use Only
Date Received: _____
Type of Case: _____

PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: HOME _____ WORK _____

FAX _____ CELL _____ EMAIL _____

SOCIAL SECURITY NUMBER _____ Date of birth _____

Please provide any agency case numbers which reference your case (i.e. Veteran's Administration Claim, Alien Registration, Military ID, Workman's Comp Claim, etc.) _____

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

Briefly state the outcome you are seeking. _____

As required by the Privacy Act of 1974, I hereby authorize Congressman Frank Lucas or a member of his staff, to review my records and to receive information from the proper officials regarding the matter described above.

Signature _____ Date _____

Please return to: Congressman Frank D. Lucas
10952 NW Expressway Suite B
Yukon, OK. 73099

Phone: 405-373-1958 Fax: 405-373-2046