



Congressman Frank D. Lucas

Oklahoma-3rd District



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PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

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 below. This includes medical information listed under 38 U.S.C. 7332.

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, Worker'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. _____

Congressman Lucas or any member of his staff has my permission to discuss my case with the follow person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature _____ Date _____