



Office of Congressman Robert Wittman Privacy Release Form

*In accordance with the Privacy Act, it is necessary for you to complete and sign this form authorizing this office to obtain the information necessary to respond to your request for assistance. By signing this form you understand any documents you provide to Congressman Wittman and his staff may be copied and forwarded to officials of the relevant agency and all federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. **PLEASE PRINT IN BLACK INK***

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____

Please provide your Social Security number or any agency case numbers which reference your case (i.e. OWCP Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, Military ID)

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

Please state the outcome you are seeking: _____

Signature: _____ Date: _____

Please fax or mail your completed form to your nearest district office, addressed to Congressman Rob Wittman:

Glen Allen Office
Phone: (804) 401-4120
4201 Dominion Blvd
Suite 110
Glen Allen, VA 23060
Fax: (804) 270-4643

Yorktown Office
Phone: (757) 527-6270
307 Main St
P.O. Box 162
Yorktown, VA 23690
Fax: (757) 898-2859