

Kathy Manning

6th District, North Carolina

Congress of the United States
House of Representatives
Washington, DC 20510



Consent for Release of Information

Your request is very important to Congresswoman Manning's Office, and we're committed to doing our best to resolve your problem. The first thing you need to do is fill out this form and return it quickly via email or mail. This must be done before we can legally act on your behalf. **THIS IS A FREE SERVICE.** The form not only tells us about your concerns, but also allows government agencies to share your information with us. The Privacy Act of 1974 requires that written consent be obtained from a constituent before information can be disclosed from records with a federal agency.

Please note, if you are inquiring on behalf of someone, that person must sign the release.

Today's Date: _____ Date of Birth: _____

Country of Birth: _____ ☐ U.S. Naturalized Citizen

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____
First Middle Last

Address: _____
Street Address City State Zip Code

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Preferred Contact: ☐ E-mail ☐ Home Phone ☐ Cell Phone ☐ Text ☐ US Mail

I certify, under penalty of perjury, that 1) I provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and submitted with it; and 3) all this information is complete, true, and correct.

I, _____, authorize _____ to release
Print Name Agency

information contained in my records as relevant to checking my case status, and to the extent permitted by law, to

Congresswoman Kathy Manning and her staff.

Signature: _____ Date: _____

Please return to:

Mail: Office of Congress Woman Kathy Manning
Attn: Constituent Affairs
100 S. Elm St, STE 301
Greensboro, NC 27401

Email: NC06.Casework@mail.house.gov

Please complete the sections that apply to your case. Sections 1 and 7 are required for all cases.

(1) GENERAL INFORMATION (REQUIRED)

Social Security Number: _____ Date of Birth: _____

Case/ Complaint Number: _____ Date Filed: _____

(2) DOD & VETERANS AFFAIRS

Branch of Service: _____ Rating: _____ Rank/ Unit: _____

Duty Station: _____ Enlistment Year: _____ Discharge Year: _____

I authorize the release of HIPPA Information, Financial and Correspondence relating to my inquiry: Yes No
(Choose one by circling your choice)

(3) SOCIAL SECURITY ADMINISTRATION

Social Security Number: _____

Claim Filed: ☐ SSD (Social Security Disability) ☐ SSI (Supplemental Security Income) ☐ Other _____

Initial Claim Date Filed: _____ ☐ Pending ☐ Approved ☐ Denied

Reconsideration Date Filed: _____ ☐ Pending ☐ Approved ☐ Denied

(4) INTERNAL REVENUE SERVICE (IRS)

Social Security Number: _____ Tax Year(s) _____

What tax forms are involved: _____

Electronic Filing: ☐ Yes ☐ No

Confirmation of Receipt: ☐ Yes ☐ No

(5) IMMIGRATION

Form Number: _____ Date Filed: _____ Receipt Number: _____

Beneficiary Name: _____ Date of Birth: _____ Alien Number: _____

Form Number: _____ Date Filed: _____ Receipt Number: _____

Beneficiary Name: _____ Date of Birth: _____ Alien Number: _____

Form Number: _____ Date Filed: _____ Receipt Number: _____

Beneficiary Name: _____ Date of Birth: _____ Alien Number: _____

(6) PASSPORTS

Travel Date: _____ Locator Number _____ Date Submitted _____

Did you pay optional expedited service fee ☐ Yes ☐ No

Did you pay the one to two day delivery fee ☐ Yes ☐ No

Reason for Travel _____

Payment Information (If paying for expedited services):

Last Name (on card): _____ First Name _____ Middle Name _____

Billing Address: _____ City: _____ State _____ Zip: _____

Card Number: _____ Security Code: _____ Exp Date: _____

Please pick what fees you would like to pay

☐ \$60 Expedited Service Fee

☐ \$18.32 1-2 Day Delivery Fee

(7) CONCERNS/ COMMENTS (REQUIRED)

Brief description of issue: _____

How would you like Congresswoman Manning to help you:
