

Privacy Authorization Form

The Honorable Bill Johnson
246 Front St.
Marietta, OH 45750
Phone: (740) 376-0868
Fax: (740) 376-0886

I hereby request Congressman Johnson's assistance and authorize, under the Privacy Act of 1974, the release of any and all information necessary on my behalf.

Signature _____

Date _____

Name (please print) _____

Address _____

Telephone (home) _____ (work) _____

Cell Phone _____ E-Mail _____

Social Security # _____

Veterans Administration Claim # _____

Service # _____

Other # _____

Date of Birth _____

In the space below, please describe the nature of the problem for which you are requesting Congressman Johnsons' assistance. Use additional paper if necessary.

