



Congressman Tim Ryan

Representing Ohio's Thirteenth Congressional District

PRIVACY RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Part I

Constituent Name:			
Business name (if applicable):			
Home Address:			
City:	State:	Zip Code:	
Email Address:			
Phone number: (_ _ _) - _ _ - _ _ _			
Social Security Number		Date of Birth:	
Any other relevant info (existing case #, etc.)			

*** Briefly describe the issue and the type of assistance you are requesting:

Have you contacted another Member of Congress seeking assistance? Yes ___ No ___ If so, who? _____

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those Federal, Medical, IRS, or Banking records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate agencies to release to you such information as you may require.

Signature: _____

Date: _____

Please return completed form to the appropriate staff to the address below:

<p>197 West Market Street Warren, Ohio 44481 Phone: 330-373-0074 Fax: 330-373-0098</p>

Some federal agencies require specific information for Members to advocate on behalf of constituents. Please contact one of Congressman Ryan's office for proper guidance.