

CONGRESSMAN BOB GIBBS
Representing Ohio's Seventh Congressional District

PRIVACY RELEASE FORM

In accordance with the "Right to Privacy Act," I hereby request the assistance of the Office of Congressman Bob Gibbs. I understand that in order for Congressman Bob Gibbs to respond to my request for assistance, it may be necessary for Mr. Gibbs and his staff to review those federal, medical, IRS, or banking records that contain information needed to assist me. By signing this form, I authorize the appropriate agencies to release such information that Congressman Bob Gibbs and his staff require.

The information I have provided to Congressman Bob Gibbs is true and accurate to the best of my knowledge and belief. The assistance I have requested from Congressman Bob Gibbs' office is in no way an attempt to evade or violate any federal, state, or local law.

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Federal Agency Involved (if known): _____

Case Number (if applicable): _____

SIGNED: _____ DATE: _____

Description of Situation:

Please return this form to my office at:

Congressman Bob Gibbs
202-225-6265 (Phone)
202-225-3394 (Fax)