CONGRESSMAN TOM RICE

SOUTH CAROLINA SEVENTH CONGRESSIONAL DISTRICT

COMMITTEE:

WAYS AND MEANS

GRAND STRAND REGIONAL OFFICE
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FAX (843)6799783

WEBSITE: RICE.HOUSE.GOV

Dear Congressman Rice:
In response to my request for assistance, you have informed me that the Federal Information and Privacy Act requires you to have my written authorization for you to be able to inquire into this matter on my behalf. In accordance with the Privacy Act, I hereby authorize you, or a member of your staff, to make an inquiry to and obtain necessary information on my behalf from:

_____ Agency You Need Help With

_____ Current Date

_____ Print Name in Full

_____ Social Security Number and Claim/Case Number (if known)

_____ Signature in Writing

_____ County Where You Reside

_____ Date of Birth

_____ Home Phone, Including A/C

_____ Work or Duty Phone, Including A/C

_____ Additional Phone, Including A/C

_____ Email Address

_____ Alternate Email Address

_____
Mailing Address Street or P. O. Box City Zip

Place a check mark in the space provided if you would you like to sign up for our online newsletter _____ (Check Here)

Briefly State Your Request Below:

Note: If you have copies of documents concerning your case, please include them. Continue on back if necessary.

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Place a check in the space provided if you include more information on the back of this form or have included an attachment _____ **(Check Here)**