



**Privacy Release Form**  
US Representative Ralph Norman  
South Carolina – 5<sup>th</sup> District

Dear Congressman Norman:

I give you permission to investigate my difficulties with:

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(Name of FEDERAL AGENCY or AGENCIES or Nature of Issue)

**I understand that this form is being used in compliance with the Privacy Act of 1974.**

Please print to complete information and then sign:

Name \_\_\_\_\_ **Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number (if available) \_\_\_\_\_

Email (if available) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please explain the nature of the problem in as much detail/specifics as you can: (You may also use the back.)

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Have you contacted a member from the US Senate about this situation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify that Senator: \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return the form and all supporting documents to Congressman Ralph Norman at the South Carolina District Office located at 454 S. Anderson Road, Suite 302B, Rock Hill, SC 29730 Phone 803-327-1114 Fax 803-327-4330*