

PRIVACY ACT RELEASE FORM

Please complete this form and return to the appropriate address:

Cincinnati Office
Representative Brad Wenstrup
7954 Beechmont Avenue, Suite 200
Cincinnati, OH 45255

Peebles Office
Representative Brad Wenstrup
170 N. Main St.
Peebles, OH 45660

Mr./Mrs./Ms. Full Name: _____ **Nick Name:** _____

(circle one)

Mailing Address: _____

City/State/Zip: _____ **County:** _____

Phone Number (preferred): _____ **(secondary):** _____

Email Address: _____ Sign me up for Congressman Wenstrup's e-newsletter

Date of Birth: _____ **Social Security Number:** _____

To begin your inquiry, provide all pertinent information

Federal agency/office involved: _____

Military ID#: _____ **Veteran's Claim #:** _____

Alien #: A _____ **USCIS/DOS Receipt #:** _____

Immigration – Petitioner's Name: _____

Beneficiary's Name: _____

Other numbers identifying your claim: _____

Please briefly describe your situation and the action, result, or information desired. Use the back of this sheet, or attach a separate page, if necessary. Please attach any necessary documentation.

If you wish to authorize the release of information regarding your case to a third party, please provide their names:

I authorize Representative Brad Wenstrup, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

SIGNATURE: _____ **DATE:** _____