



**PRIVACY ACT RELEASE FORM**

Please complete this form and return to the appropriate address:

**Cincinnati Office**  
Representative Brad Wenstrup  
4350 Aicholtz Rd., Suite 110  
Cincinnati, OH 45245

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

**Mr./Mrs./Ms. Full Name:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_

**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:** \_\_\_\_\_ National Passport Center - State Dept. \_\_\_\_\_

**Working with Another Congressional Office?:** Y / N **If So, Please Provide Office:** \_\_\_\_\_

**Application Locator #:** \_\_\_\_\_ **Already Expedited?:** Y / N

**Date of Application:** \_\_\_\_\_ **Date of Travel:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**If submitting on behalf of child younger than 16, please provide the following**

**Child's Full Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Child's Social Security Number:** \_\_\_\_\_

Please provide any additional information, if necessary, below or on a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_