

# PRIVACY FORM

I hereby authorize Congressman Reynolds to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

\_\_\_\_\_ (department or agency)

Congressman Reynolds is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**TELEPHONE:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Please give number where you can be reached

List any or all identifying numbers which might apply to your situation.

**SOCIAL SECURITY:** \_\_\_\_\_ **VA:** \_\_\_\_\_

**IMMIGRATION "A" NUMBER:** \_\_\_\_\_ **DATE FILED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**VISA INFORMATION:** **TYPE:** \_\_\_\_\_  
**DATE ENTERED UNITED STATES:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**VISA EXPIRATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_  
Briefly state the nature of your problem (be specific): \_\_\_\_\_

\_\_\_\_\_  
Briefly state the outcome you are seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please use another sheet of paper)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address all correspondence to:** Congressman Thomas M. Reynolds  
500 Essjay Road, Ste. 260  
Williamsville, NY 14221