



Consent for Release of Private Information for use by,

## *Senator Chuck Edwards*

NC General Assembly

I am requesting that the office of Senator Chuck Edwards investigate a matter on my behalf. Any information and records that may be of assistance to Senator Edwards and his staff in resolving this problem may be released to them, including information and documents which are protected by privacy laws. I understand that this form is being used in accordance to the Privacy Act of 1974.

Name \_\_\_\_\_  
                                First                                Middle                                Last

Full Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

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

Case File or Number \_\_\_\_\_ Loan Number \_\_\_\_\_

Are you currently working with another Senator's office? \_\_\_\_\_

Are you currently working with legal counsel? \_\_\_\_\_

If yes, who? \_\_\_\_\_

---

*I understand that by requesting the assistance of Senator Edwards and his staff, I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Senator Edwards or his staff may result in the discontinuance of assistance.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Return Completed Form To:**  
**Senator Chuck Edwards • 2115 Legislative Building • Raleigh, NC 27601-2808**  
**Or**  
**Email: [Chuck.Edwards@ncleg.net](mailto:Chuck.Edwards@ncleg.net)**  
**Or**  
**Fax: (919) 754-3222**

