## CONGRESSMAN TRENT KELLY

## FIRST CONGRESSIONAL DISTRICT OF MISSISSIPPI

## PRIVACY RELEASE FORM

Claimant:			
	First Middle Initial		Last
Address:	City/State/Zipcode:		
Home Phone:	Cell Phone:		
E-mail:			
Would you like	e to receive Congressman Kelly's e-1	newsletter?	
Social Security	y Number:		Date of Birth:
Please explain what you would like Congressman Kelly's Office to do on your behalf:			
Please attach	copies of any documents that you	believe are rele	vant to your issue. (Do not send originals.)
-			case to any third parties other than the federal representative), please provide their names:

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currently be working with any other Congressional office. Have you contacted any other Member of the U.S. House of Representatives or U.S. Senate, or their offices, about this issue? Yes or No If yes, which Member or office? Has the above referenced office closed their case file on this issue? Yes or No If you would like Congressman Kelly to take over your case from another Congressional Office you will be required to provide written documentation that your case has been closed with any other U.S. Representative's or U.S. Senator's office before we are able to submit an inquiry on your behalf. PRIVACY RELEASE As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Congressman Kelly to intercede on my behalf, including the right to review all appropriated documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide to Congressman Kelly or his staff may be copied and forwarded to officials of the agency listed above for review. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In order for Congressman Kelly and his staff to inquire into your issue with a Federal agency you cannot

Please complete this form and return it to the following address:

Congressman Trent Kelly Shelia Ryan Shelia.ryan@mail.house.gov (662) 841-8808 Caseworker

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