



Congressman A. Donald McEachin (VA-04)  
United States House of Representatives

**Washington, D.C Office**

Cannon House Office Building  
Room 314  
Washington, D.C. 20515  
Office: (202) 225-6365

**Central Virginia Office**

110 North Robinson Street  
Suite 403  
Richmond, Va. 23220  
Office: (804) 486-1840  
Fax: (804) 269-4139

**Hampton Roads Office**

131 N. Saratoga Street  
Suite B  
Suffolk, Va. 23434  
Office: (757) 942-6050

**Request for Congressional Inquiry and Privacy Release**

*The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman McEachin must have your written authorization before he can initiate an inquiry with a federal agency on your behalf.*

**To Whom It May Concern:**

*I respectfully request and authorize US Representative A. Donald McEachin, of Virginia's Fourth Congressional District, or any authorized member of his staff to act on my behalf and to receive information from the proper officials regarding my issue.*

**Date** \_\_\_\_\_ **Signed** \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County/City: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Preferred Number: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

VA, Alien ID or other Claim: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Have you opened a case with another office? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Federal Agency to which this claim pertains:

\_\_\_\_ FCC \_\_\_\_ FTC \_\_\_\_ EPA \_\_\_\_ FAA \_\_\_\_ OPM \_\_\_\_ EEOC \_\_\_\_ NPRC \_\_\_\_ FEMA \_\_\_\_ SSA \_\_\_\_ IRS  
\_\_\_\_ USPS \_\_\_\_ VA \_\_\_\_ OL \_\_\_\_ Medicare \_\_\_\_ Immigration \_\_\_\_ Passport \_\_\_\_ DOD/Military branch

Date of initial Agency Contact: \_\_\_\_\_

SSA, VA or Immigrant Benefit application (yes/no): \_\_\_\_\_ If yes, interview date: \_\_\_\_\_

Date of application: \_\_\_\_\_

Current Status (pending/denied/appealed): \_\_\_\_\_

Receipt Number: \_\_\_\_\_

US Embassy Handling the case (if applicable): \_\_\_\_\_

Briefly Describe the Situation (attach additional sheet, if necessary):

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Please list any individuals other than yourself with whom you would like us to discuss the case and contact information for them:

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Please mail or fax this completed form to one of Congressman A. Donald McEachin's district offices:

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