

Congress of the United States
House of Representatives
Washington, DC 20515-9900

PRIVACY RELEASE FORM

The Privacy Act of 1974 requires written consent from the individual/constituent before Congressman Michael San Nicolas can obtain information from government agencies on your behalf. Please complete and sign this form and return it to Congressman San Nicolas's office.

PLEASE TYPE OR PRINT

Mr. Mrs. Ms. Miss Dr. Other _____

Name: _____

Phone: _____ Work/Cell: _____

Address: _____

Email: _____

Unit # (if any): _____

Social Security # _____ - _____ - _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____

Please check the corresponding box below:

<input type="checkbox"/> Grants	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Housing	<input type="checkbox"/> IRS	<input type="checkbox"/> Medicare
<input type="checkbox"/> Military/VA	<input type="checkbox"/> Social Security	<input type="checkbox"/> Post Office	<input type="checkbox"/> Passport	<input type="checkbox"/> Other: _____

Relevant Number(s)(i.e. case#, claim#, receipt#, Medicare card#): _____

Have you contacted any other elected official to assist with your issue(s) or concern(s)? YES NO

Name: _____

Do you currently have an attorney working with you? YES NO

May we contact this attorney about your case? YES NO

Attorney: _____ Phone: _____

Please include a detailed letter explaining your situation and photocopies of documentation that is relevant to your case.

I certify, under penalty of perjury, that 1) I have provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and any documents submitted with it; and 3) all this information is complete, true, and correct.

I authorize the Office of Congressman Michael San Nicolas to address the matter described above on my behalf and receive all relevant information the Congressman and his staff may need in their efforts to provide assistance to me.

Signature

Date