

CONGRESSWOMAN HILDA L. SOLIS

Representing the 32nd District of California

Privacy Act Release Form

In order to open a case on your behalf, please complete this form and return it to my El Monte office. You should also include copies of any relevant documents, but please send only copies of your documents and do not send originals.

name:	Da	ate of Birth:	
Address:			Apt #:
City:	State:	Zip+4:	
Daytime Phone:			
Other Phone:			
E-Mail Addresss:			
Social Security Number:			
Alien Registration Number: A		-	
Veteran's Claim Number:		_	
Military I.D. Number:			
Branch of Service:	_ Dates of Service: _		
Other Case or Claim Numbers:			
Briefly explain your problem or the infor	mation you are reques	iting:	
The Privacy Act of 1974 prohibits the disindividual's consent. I agree to allow Corecords relating to the problem describe	ongresswoman Hilda L		
Signature:		Date:	
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For assistance in completing this form phone 626-448-1271.

This form may be returned by fax to: 626-448-8062, or by mail to: Congresswoman Hilda L. Solis, 4401 Santa Anita Ave, El Monte, CA 91731