



**FROM THE OFFICE OF CONGRESSMAN CHARLES W. DENT
CONSTITUENT SERVICES RELEASE FORM**

Name:	Phone Number:
Address:	Social Security Number:
City:	Veteran or Alien Number:
State and Zipcode:	Other Information:

Description of your current problem:

Due to the Privacy Act of 1974 (Public Law 93-579), Federal and State government agencies are prohibited from releasing any information or discussing regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, or an authorized member of my staff to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Date

Signature

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