



**I DO HEREBY AUTHORIZE _____ ANY AND ALL PARTIES _____
TO RELEASE ALL INFORMATION REQUESTED BY THE OFFICE OF
CONGRESSMAN JOEL HEFLEY.**

CONTACT INFORMATION:

DATE: _____

PRINTED NAME: _____

SIGNED NAME: _____

ADDRESS: _____

CONTACT TELEPHONE NUMBER(S): _____

PERSONAL INFORMATION:

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OWCP and/or VA NUMBER: _____

(IF APPLICABLE)



Please fill out the Privacy Release Form on Page One. Along with the Privacy Release Form, please include a letter (hand written or typed), addressed to the Congressman, explaining your situation and your need for assistance.

Included in this letter should be:

- YOUR Signature**
- The Date**
- The who, what, when, where, why, and how of your situation**
- What end resolution you are seeking from the Congressman's Office**

Please feel free to include copies of documents that you feel is applicable to your situation. If you have a Power-of-Attorney, please include a copy of this along with your paperwork.

Return your Privacy Release Form and letter to:

**Office of Congressman Joel Hefley
104 South Cascade Avenue
Suite 105
Colorado Springs, Colorado 80903**

OR

Fax: (719) 520-0840