

PRIVACY AUTHORIZATION RELEASE

In compliance with the Privacy Act of 1974, I hereby authorize Congresswoman Nancy Pelosi or her staff to make any inquiry they deem necessary, and to request copies of pertinent records on my behalf.

Name (Please Print):

Address:

Phone Number:

Email Address:

Social Security Number: _____

Other Identification/Case Number: _____

Please describe your problem:

Signature: _____

Date: _____

Please fill out this form completely and return it to my district office at the following address:

**Congresswoman Nancy Pelosi
450 Golden Gate Avenue, 14th Floor
San Francisco, CA 94102**