



Representative Shelley Berkley Privacy Act Authorization Form

(Please type or print)

Full Name: _____

Social Security Number: _____ Military ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Date of Birth: _____

Please attach a letter or explain here the type of assistance you are seeking from my office. Please include agency claim numbers, if any, and attach copies of any relevant documents and correspondence.

(Please use the back of this form if necessary or attach another page.)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a) I hereby authorize appropriate governmental agencies to release information about and relevant to this inquiry to Representative Berkley's office.

Signature

Date

Signature for release of information to attorney/third party

Please return the *signed original* form to:

Representative Shelley Berkley
2340 Paseo Del Prado Ste. D-106
Las Vegas, NV 89102