PAUL RYAN 1st District, Wisconsin

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Congress of the United States House of Representatives Mashington, DC 20515-4901

COMMITTEE ON THE BUDGET RANKING MEMBER

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON SOCIAL SECURITY

SUBCOMMITTEE ON SELECT REVENUE MEASURES

Privacy Act Release/Casework Request Form

Name:	E-Mail:		
Address:			
<i>City</i> :	_State:	Zip Code:	Date of Birth:
Phone Number (Home):	(Work):		
Social Security Number: _	Veteran's Number:		
Agency Involved:			

The Problem Is: (1,400 character limit – attach an additional sheet[s] if necessary)

Privacy Act Release

I request and authorize U.S. Representative Paul Ryan to act on my behalf and to receive information from proper officials regarding the matter described above. Congressman Ryan is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: _____

Date:

Please return this completed form to: Congressman Paul Ryan 20 South Main Street. Suite 10 Janesville, WI 53545 Phone: (608) 752-4050 Toll-free in Wisconsin – 1-888-909-RYAN (7926) Fax: (608) 752-4711

*** Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Ryan to make the necessary inquiries on your behalf.