Congresswoman Nancy Boyda Privacy Act Waiver 510 SW 10th Street Topeka, KS 66612



NAME:	SOC. SEC. #
ADDRESS:	DATE OF BIRTH: //
City/State/Zip	
PHONE:	CASE NUMBER or other identifying information:
Work/Cell	
EMAIL:	
Please explain the concerns you are having an	nd what assistance you are requesting:
Have you contacted the offices of any other U.S. Representatives or Senators to assist you with this problem?	Do you currently have an attorney working on your case?(Yes or No)
I hereby authorize Congresswoman Nancy Boyda or	her staff, under the "Right to Privacy Act," to request, tter from proper agencies. I hereby release you from any
Signature:	Date