

ADAM SMITH  
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 TACOMA, WA 98402  
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 TOLL FREE 1-888-SMITH09  
<http://www.house.gov/adamsmith/>

**Congress of the United States**  
**House of Representatives**  
 Washington, DC 20515-4709

COMMITTEE ON ARMED SERVICES  
 SUBCOMMITTEES:  
 CHAIRMAN,  
 TERRORISM, UNCONVENTIONAL THREATS  
 AND CAPABILITIES  
 AIR AND LAND FORCES

PERMANENT SELECT  
 COMMITTEE ON INTELLIGENCE  
 SUBCOMMITTEES:  
 TERRORISM/HUMAN INTELLIGENCE,  
 ANALYSIS, AND COUNTERINTELLIGENCE  
 TECHNICAL AND TACTICAL INTELLIGENCE

VICE CHAIR,  
 NEW DEMOCRAT COALITION

The Privacy Act of 1974 went into effect September 27, 1975. This law is designed to protect you from the unauthorized use and exchange of personal information by Federal agencies. For example, any information that a Federal agency has about you, such as Social security data, your military service records or census information may not, with a few exceptions, be given to another agency or to a Member of Congress without your written permission.

As you probably know, investigations of your concerns may require that I ask one or more Federal agencies for confidential information. In order to be of better assistance to you, I ask that you sign the consent form below. Please return to my district office at 2209 Pacific Ave, Suite B, Tacoma WA 98402 or fax to (253) 593-6776.

Please understand that you are responsible for all of your original documents or copies, and must retain these for your records. All documentation held by our office will be shredded two years after your case with our office is closed. Your signature below is acknowledgement of this policy.

Thank you,

Adam Smith  
 Member of Congress

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Nature of Problem: \_\_\_\_\_

DATE: \_\_\_\_\_

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If additional space is needed, continue on an additional sheet of paper and attach it to this form.

I hereby authorize Congressman Adam Smith to receive such information about me as may be contained in the records of any department or agency of the Federal Government, which may relate to the above named problem.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 City, State Zip

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 VA Claim #

\_\_\_\_\_  
 E-mail address

\_\_\_\_\_  
 Other #