

Congress of the United States
House of Representatives
Washington, DC 20515-0504

PRIVACY ACT RELEASE

Name: _____

Home Address (Street, City, State and Zip)

Daytime Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Agency Involved: _____

Case # _____ Date of Birth: _____

Social Security # or Alien Registration #: _____

Have you contacted another congressional office regarding this matter: _____

If "yes" to the above question, which office and when: _____

Important: Please provide us with a letter detailing the nature of your issue with the federal agency involved. Please also include copies of supporting documentation regarding your case including correspondence from the involved federal agency.

In accordance with Title 5, Section 552 (a), of the United States Code (Privacy Act of 1974), I hereby authorize Congressman Tom McClintock or his designated representative to request assistance on my behalf and to discuss my records with the federal agency involved.

Signature: _____ Date: _____

Please Remit to:
Office of Congressman Tom McClintock
4230 Douglas Blvd., Suite 200
Granite Bay, CA 95746
916-786-5560 phone 916-786-6364 fax