Privacy Authorization Form

For assistance with the IRS, FCC, USPS, Housing, U.S. Citizenship/Immigration Services, Workforce issues, Passport/Visa Services, and current Military benefits, please print and fill out this form and fax or mail it to Congressman Polis' Thornton Office:

Office of Congressman Jared Polis 1200 East 78th Avenue, Suite #105 Thornton, CO 80229 Fax: (303) 287-4385 For assistance with the Veterans Administration, Social Security, Medicare, and Student Financial Aid issues, please print and fill out this form and fax or mail it to Congressman Polis' Boulder Office:

Office of Congressman Jared Polis 4770 Baseline Rd, Suite #220 Boulder, CO 80303 Fax: (303) 568-9007

Date:	
Home Phone:	Work Phone:
Social Security Number:	Date of Birth:
Agency Involved:	
Numbers Identifying Case (VA claim, Alie	n number, tax ID, etc.):
Date and Place Claim was filed:	
Please describe problem in detail (attach a	a separate sheet, if necessary):
If you are working with another congression	onal office, please indicate:
In accordance with the provisions of the Proof his staff to make the appropriate inquiry	rivacy Act, I hereby authorize Congressman Jared Polis or a member on my behalf.
Sincerely,	
(Signature)	