

PRIVACY RELEASE FORM

Name _____

Address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Social Security # _____

Military ID # (if applicable) _____

Date of Birth _____ Male or Female? _____

I hereby authorize Congressman Stephen Lynch and his staff to make inquiries on my behalf regarding the problem described below.

Signature _____ Date _____

Please describe your problem:
