



**Congressman Steve Buyer
U.S. House of Representatives
Representing Indiana's Fourth Congressional District**

Authorization in Accordance with the 1974 Privacy Act

NAME: _____ **DATE OF BIRTH** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ - _____

EMAIL ADDRESS: _____ **PREFER EMAIL COMMUNICATIONS?** Yes No

DAYTIME PHONE: _____ **EVENING PHONE:** _____

SOCIAL SECURITY NUMBER ____ - ____ - ____ **CLAIM OR SERIAL NUMBER:** _____

PLEASE BRIEFLY DESCRIBE THE EXACT NATURE OF YOUR PROBLEM, AND WHAT YOU WANT CONGRESSMAN BUYER TO DO TO HELP YOU. (PLEASE SEND COPIES OF ANY RELEVANT INFORMATION -DO NOT SEND ORIGINALS).

Are you represented by an Attorney: Yes No
If yes, please list your attorney's name and address:

THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. DISCLOSURE OF PERSONAL RECORDS TO A MEMBER OF CONGRESS WHO IS ACTING ON BEHALF OF THE CONSTITUENT IS PROHIBITED, UNLESS THE INDIVIDUAL TO WHOM THE RECORD PERTAINS HAS CONSENTED.

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE OFFICE OF U.S. REPRESENTATIVE STEPHEN BUYER TO RECEIVE INFORMATION IN MY FILE PERTINENT TO HIS INQUIRY ON MY BEHALF.

Signature: _____

Date: _____