

# Congressman Rush Holt

12<sup>th</sup> District, New Jersey  
50 Washington Road  
West Windsor, NJ 08550  
[www.holt.house.gov](http://www.holt.house.gov)

(609) 750-9365 PHONE

FAX (609) 750-0618



## WRITTEN AUTHORIZATION UNDER THE PROVISIONS OF THE PRIVACY ACT OF 1974

Date: \_\_\_\_\_

Dear Congressman Holt,

I would like to request assistance with the following problem I am having with the agency listed below. In keeping with the restrictions of the Privacy Act of 1974, I am authorizing you and/or your staff to obtain information about me, which would be required in your investigation of the matter, outlined below.

### Please Print or Type:

Mr. or Ms. (circle one) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

You Social Security number and date of birth are needed to obtain or discuss your records in any case with Social Security, Medicare, Veterans Affairs and other health care providers. **If your issue does not pertain to one of these, I will not need this information.**

Signature: \_\_\_\_\_

Agency the Issue Concerns: \_\_\_\_\_

Briefly explain the nature of your complaint or concern and attach copies of any documents you may have.

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What steps have you taken so far? If possible, please include the name of the agency or persons you have contacted.

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What have been the results of your efforts to date?

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What would you consider a fair outcome?

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Thank you.

Please return this form to:  
Rep. Rush Holt  
50 Washington Road  
West Windsor, New Jersey 08550  
Fax: (609) 750-0618  
[www.holt.house.gov](http://www.holt.house.gov)