



Congressman Jason Chaffetz, 3rd District

Consent for Release of Personal Records

I have sought assistance from Congressman Jason Chaffetz on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**.

I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Jason Chaffetz or any authorized member of his staff until this matter is resolved.

Name: _____
 First Middle Initial Last

Full Address: _____

Home # _____ Cell# _____ Email _____

Social Security Number _____ Date of Birth: _____

Case or File Number: _____ Loan Number: _____

Are you currently working with another Congressional or Senator's office? _____

Are you currently working with legal counsel? _____

If so, who? _____

Do you have any pending issues with the IRS? _____

Have you been charged of any crimes? _____

I understand that by requesting assistance of Congressman Chaffetz and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Chaffetz or his staff may result in the discontinuance of assistance.

Signature

Date

Return form to: 51 S University Avenue #318, Provo, UT 84601/ phone: (801) 851-2500 fax: (801) 851-2509

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It is critical for you to provide a detailed explanation of the problem and a time line of related events. Use additional paper if necessary.

Detailed Explanation:

Date _____

Event _____

Date _____

Event _____

Date _____

Event _____

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