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Congress of the United States
House of Representatives
Washington, DC 20515-0524

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AND COUNTERINTELLIGENCE

Privacy Act Release/Casework Request Form

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Phone Number (Home): _____ (Work): _____

Social Security Number: _____ Veteran's Number: _____

Agency Involved: _____

The Problem Is:

****Privacy Act Release****

I request and authorize U.S. Representative Elton Gallegly to act on my behalf and to receive information from proper officials regarding the matter described above. Rep. Gallegly is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: _____ Date: _____

Please return this completed form to:

U.S. Rep. Elton Gallegly
2829 Townsgate Road, Suite 315
Thousand Oaks, CA 91361-3018
Phone: (805) 497-2224; Toll Free: (800) 423-0023; FAX: (805) 497-0039

*** Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Gallegly to make the necessary inquiries on your behalf.