

**U.S. Congressman
Honorable Frank D. Lucas
3rd District, Oklahoma**

PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: HOME _____ WORK _____

FAX _____ CELL _____ EMAIL _____

SOCIAL SECURITY NUMBER _____ Date of birth _____

If the inquiry relates to a business, please provide the following information:

COMPANY NAME _____

EMPLOYER IDENTIFICATION NUMBER _____

Your relationship to the business _____

Type of tax (income, employment, etc.) _____

Tax year/periods _____ Fax form # _____

Briefly explain the problem below and attach copies of any relevant documents.

If release of information on your case to another party or your attorney is authorized, please specify:

Name _____ Phone Number _____

As required by the Privacy Act of 1974, I hereby authorize Congressman Frank Lucas or a member of his staff, to review my records and to receive information from the proper officials regarding the matter described above.

Signature _____ Date _____

Please return to: Congressman Frank D. Lucas
10952 NW Expressway Suite B
Yukon, OK. 73099 Phone: 405-373-1958 Fax: 405-373-2046

Congressional Office use only: I give permission to TAS to contact the constituent directly regarding this issue. Initial _____