



Office of Congressman Charles F. Bass

Privacy Release Form

Full Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Social Security Number: _____ Date of Birth ___/___/___

Rank/VA Claim Number (If Applicable): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

I prefer to be contacted by: Home Phone Work Phone Cell Phone Email

Federal Agency Involved: _____

Have you contacted another Congressional or Senate office regarding this issue?

Yes No

If yes, which office have you contacted? _____

Brief Description of Issue: _____

_____ Please use other side if necessary

I freely and willingly authorize Congressman Charles Bass and his staff to make inquiries into my personal records, and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature: _____ Date: _____

Please Sign and Return this form to:

Concord Office:
114 North Main Street, Suite 200
Concord, New Hampshire 03301
Phone: 603-226-0064
Fax: 603-226-0085

Nashua Office:
70 East Pearl Street
Nashua, New Hampshire 03060
Phone: 603-595-7701
Fax: 603-595-7706

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete this form and return it to my office. If you are inquiring on behalf of an individual other than yourself, that person must sign this form. Please be advised that all information you provide on this form will be held in the strictest confidence by my office and will not be used for any purpose other than processing your case.