

Congress of the United States
House of Representatives
Washington, DC 20515-0505

PRIVACY RELEASE FORM / REQUEST FOR CONGRESSIONAL INQUIRY

Date: _____
Name: _____
Address/City/State/Zip: _____
Home Phone: _____ Work/Cell Phone: _____
E-Mail Address (optional): _____
ID# (SSN, VA, Alien Registration, etc.): _____

Federal Agency Involved: _____

Have you contacted our office before? Y / N

Have you contacted another Congressional office regarding this matter? Y / N

If "yes" to the above, which office and when? _____

Is this matter currently pending before a local, state, or federal court? _____

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regard to your situation. If you need additional room, feel free to attach a letter or write on the back of this form.

I hereby authorize Congresswoman Matsui of her representative to access any information and records pertaining to this matter. Please inform Congresswoman Matsui's District Office of the results of this inquiry as soon as possible.

Signature: _____