



**Congressman Mick Mulvaney**  
**5<sup>th</sup> Congressional District, South Carolina**

**Privacy Act of 1974 (Public Law 93-579): The Federal Privacy Act prohibits the disclosure of confidential information concerning your affairs without your written authorization. If you wish for U. S. Congressman Mick Mulvaney to make an inquiry on your behalf, print and complete the authorization form below and return to:**

**U. S. Congressman Mick Mulvaney  
1456 Ebenezer Road  
Rock Hill, South Carolina 29732  
Fax: (803) 327-4330**

*Authorization for Release of Confidential Information*

I, \_\_\_\_\_ (print name) hereby authorize U. S. Congressman Mick Mulvaney to obtain confidential information from: \_\_\_\_\_ (Government agency /office) concerning myself/ourselves involving the matter outlined below or in the attachment. I authorize Congressman Mulvaney to intercede on my behalf, the right to review all appropriate documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide Congressman Mulvaney or his staff may be copied and forwarded to the officials of the agency listed below for review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alien Registration#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Briefly state your concerns on the back of this form.**