

U.S. REPRESENTATIVE DAVID LOEBSACK

Privacy Release Authorization Form

Due to the Privacy Act of 1974 (Public Law 93-579), Federal government agencies are prohibited from releasing information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, to contact the proper officials on your behalf, discuss the matter and receive any pertinent information.

Mr. Mrs. Ms. Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number (H) _____ (W) _____ © _____

Fax _____ E-Mail _____

Please include the following information only if it pertains to your inquiry:

Veterans Claim # _____ Civil Service # _____

Social Security # _____ Medicare # _____

Immigration A# and Receipt # _____ Date of Birth _____

Country of Birth _____ Place/Date of Entry _____

Please state your request for assistance: _____

****Please attach an explanation of your situation, copies of pertinent documents, letters, etc. regarding your case.**

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative David Loeb sack and his staff to receive information pertinent to my request for assistance indicated above.

Signature: _____ **Date:** _____

Please return this completed form to: U.S. Representative David Loeb sack's Cedar Rapids Office, 150 1st Avenue NE, Ste 375, Cedar Rapids, Iowa 52401, or fax to 319-364-2994. Or U.S. Representative David Loeb sack's Iowa City Office, 125 South Dubuque Street, Iowa City, IA 52240, or fax to 319-351-5789.

For Office Use Only: Casework Information Request Grant Referral Issue Forwarded

Date Received: _____ Assigned to: _____ Date Assigned: _____

Case #: _____ CC# _____ Agency: _____