

**RICK LARSEN**  
**2ND DISTRICT, WASHINGTON**  
**U.S. House of Representatives**

**Privacy Release Authorization Form**

I am requesting assistance from Congressman Rick Larsen, and his staff, with a personal issue concerning a Federal agency (such as USCIS, DVA, SSA, etc).

*Please explain your situation or request and provide any relevant information. Feel free to attach relevant documents, copies, or other materials that support your claim.*

*The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.*

I understand that by signing, I authorize Congressman Larsen and his staff to receive any information from Federal agencies that they might need in order to provide assistance.

Name (Printed): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

*Please list other offices or people (such as Senators or Representatives) you have contacted or are seeking help through and indicate if there are legal proceedings regarding your issue:*

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*Please sign and return this form to Congressman Larsen's Bellingham office, ATTN: Casework, to 119 North Commercial Street, Bellingham, WA, or by fax to (360) 733-5144.*