



Congressman

Jared Polis

2nd District, Colorado | 501 Cannon HOB, Washington, D.C. 20515 | (202) 225-2161

Privacy Authorization Form

For assistance with any federal agency, please print and fill out this form and fax or mail it to Congressman Polis' Boulder Office:

Office of Congressman Jared Polis
4770 Baseline Rd, Suite #220
Boulder, CO 80303
Fax: (303) 568-9007

Date: _____

Name: _____

Address: _____

Email Address: _____ (Never include your Social Security Number in email.)

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____

Agency Involved: _____

Case or File Number (if other than SSN): _____

Date and Place Claim was filed: _____

Please describe problem in detail (attach a separate sheet, if necessary): _____

If you are working with another congressional office, please indicate: _____

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Jared Polis or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

(Signature)