



Congressman Devin Nunes

Constituent Services Privacy Release Form



1 Please print or type all information:

Name _____ Day Phone _____
First Middle Last

Address _____ Social Security # _____
 _____ Date of Birth _____
City State Zip E-Mail Address _____

Name of subject person if different from above: _____ DOB _____
 Address _____ Phone _____
 _____ Social Security # _____

2 Please complete the appropriate section below:

IRS Inquiries

Tax Year(s) _____ Type of Tax _____

Military or Veterans Affairs Inquiries

VA File Number _____ VA Regional Office Location _____
 Branch of Service _____ Military Rank _____
 Where Stationed _____ Period of Service _____

Medicare Inquiries

Are you a Provider? _____ Are you attempting to enroll or re-enroll in Medicare? _____
 List your Contractor _____ Which office are you currently corresponding with? _____

Please list the federal agency involved if not listed above _____

3 PLEASE SIGN:

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' office to obtain any information to assist me with the matter described below.

Print Name _____ Signed _____ Date _____

4 Please describe the situation for which you are requesting assistance. Attach additional pages if necessary.

Please return completed form to Congressman Devin Nunes at the address below.

113 N. Church Street, Suite 208
 Visalia, California 93291
 Ph: (559) 733-3861
 Fax: (559) 733-3865