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## Mary Bono Mack Congress of the United States

45th District, California

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## **Privacy Authorization Form**

IMPORTANT: Please note that in order for your form to be processed, you must SIGN and DATE this document in the

spaces provided below. We can only assist residents of the 45th Congressional District. If you do not reside in Congresswoman Mary Bono Mack's district, please contact your Member of Congress. Address: City, State, Zip: Phone: Work: Mobile: Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ I request assistance from the office of Congresswoman Mary Bono Mack in the following federal matter: ) Social Security/Medicare C#, CSS#, LHG#:\_\_\_\_\_ ) Veterans Administration Branch: ) Military Agency Name: ) Other federal agency Summarize in a few sentences exactly what you want this office to do for you. Attach a full description of the problem and related documents if necessary. The Privacy Act of 1974 (PL93-579) requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf is not possible. Signature: Date: If you want information from your file provided to ANY OTHER AGENCY DEEMED NECESSARY, you must authorize this by signing in the space provided below. Signature: Date:

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