



RON BARBER
8TH DISTRICT, ARIZONA

WASHINGTON OFFICE:
502 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2542

DISTRICT OFFICES:
TUCSON OFFICE
3945 E FT. LOWELL, SUITE 211
TUCSON, AZ 85712
(520) 881-3588

COCHISE COUNTY OFFICE
77 CALLE PORTAL, SUITE B-160
SIERRA VISTA, AZ 85635
(520) 459-3115

Congress of the United States

House of Representatives

Washington, DC 20515

Privacy Act Consent Form

In accordance with the provisions of Public Law 93-579 (Privacy Act of 1974), I hereby give my consent for information concerning my file to be furnished to my US Representative, Ron Barber. I have discussed my case with Congressman Barber and/or his representative(s) and request that any relevant information he might require in order to assist in responding to my inquiry be provided to him in accordance within the provisions of the law.

First Name: *(please print)* _____ Last Name: _____

Address: _____ Zip: _____

Mailing Address *(If different)* _____ Zip: _____

Day Telephone: _____ Evening/Cell Telephone: _____

E-mail Address: _____

Federal Agency Involved: _____ Social Security Number: _____

Date and Place of Birth: _____

Immigration Case Number / A#: _____

Civil Service Claim Number: _____

Veterans Affairs Claim Number: _____

Branch of service: _____ Military Rank: _____ Dates of service: _____ - _____

Other numbers identifying your case: _____

SIGNATURE: _____ Date: _____

****Please fill out reverse side of this form, or attach a separate sheet describing the details of your situation along with copies of documentation pertaining to your case****

Please return completed form to:

Congressman Ron Barber
3945 E Ft. Lowell, Suite 211
Tucson, AZ 85712
Fax: (520) 322.9490

Or

Congressman Ron Barber
77 Calle Portal, Suite B-160
Sierra Vista, AZ 85635
Fax: (520) 459.5419



Congressman Ron Barber



Please explain the situation you would like assistance with:

SIGNATURE

Date