

REPRESENTATIVE GREG WALDEN 2ND District – Oregon PRIVACY ACT CONSENT FORM

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize Congressman Greg Walden or his representative to inquire with the following agency on my behalf:

E-mail Address:	Name:		
Address: City: County: Social Security Number:/ Date of Birth:/ / Date of Birth:/ / Federal Agency involved: Veteran's Claime Number: Military Branch of Service: Rank: Alien Registration Number: Step of Birth:/ Alien Registration Number: Step of Service: Briefly explain the issue in which you are requesting assistance: County: County:	E-mail Address:		
City: County:	Phone:	-	
Social Security Number: / / Date of Birth: / / Federal Agency involved: Veteran's Claime Number: Military Branch of Service: Rank: Alien Registration Number: Street Service Servi	Address:		
Date of Birth://	City:	County:	
Veteran's Claime Number: Military Branch of Service: Rank: Alien Registration Number: Family Member Name: Other Office Contacted: Briefly explain the issue in which you are requesting assistance: I acknowledge that all information I provide Congressman Walden and/or his staff (including medical documentation will be forwarded to the above agency and their agents reviewing my case file. I hereby authorize the release of any all information by the above agency to Congressman Greg Walden and his staff, employees and/or agents necessary fully respond to the instant inquiry. In signing this release form, I acknowledge that all information I provide Congressman Walden and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. Including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. Including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. Including medical documentation) will be forwarded to the above agency to Congressman Greg Walden and his staff, employees and/or agents necessary to fully respond to the instant inquiry.	Social Security Number://		
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Military Branch of Service:	Federal Agency involved:		
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Signature: Date:	(including medical documentation) will be forwarded hereby authorize the release of any and all information	to the above agency a	nd their agents reviewing my case file. I y to Congressman Greg Walden and his
	Signature:		Date:

Please note: By federal law (18 USC, Sec. 205), neither Congressman Walden nor his staff can involve themselves in private legal matters or represent constituents in judicial proceedings.