Privacy Release Form

Dear Congressman Dan Boren:

I hereby authorize you or your staff to contact any federal agency or department in reference to my inquiry and request information on my behalf. The federal agency or department is authorized to furnish you or your staff with copies of any documents or verbally discuss, using any means, including voice mail or answering machine, any matters relative to my inquiry. I am aware that the Privacy Act of 1974 prohibits the release of information without my written authorization. I understand that this form does not constitute a Power of Attorney.

NAME			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE: Home	Work	Fax	
SOCIAL SECURITY NUMBER (s)_			
If the inquiry relates to a busines	s, please provide the following	g information:	
Company Name Employee Identification Number Your Relationship to the Busines			
Type of Tax (income, employmer Tax Years or periods	nt, etc.) Tax Form		
Briefly explain the problem be	low. Attach copies of any r	elevant documents.	
Signature		Date	
If release of information on your cas	e to another party or your attorn	ey is authorized, please specify:	

Phone number