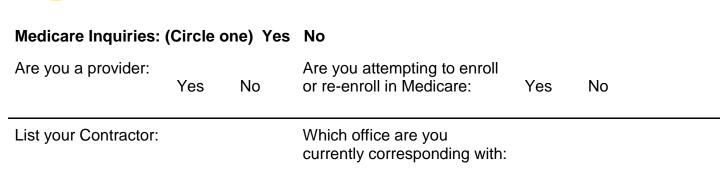
Congressman David G. Valadao Constituent Services Privacy Release Form



1. Please fill in all of the information:		
Name:	Social Security:	Date of Birth:
Address:	City, State:	Zip Code:
Phone Number:	Email:	
2. Is this case on behalf of anyone else? (Cire If yes, please provide their information below		
Name:	Social Security:	
Address:	Date of Birth:	
Phone Number:	Email:	
3. Please complete the appropriate section be	elow:	
IRS Inquiry:		
Tax Year(s):	Type of Tax:	
Military or Veteran's Affairs Inquiries:		
VA File Number:	Stationed where:	
Branch of Service:	Military Rank:	
VA Regional Office Location:	Period of Service:	

Congressman David G. Valadao

Constituent Services Privacy Release Form



Please provide the federal agency if not listed:

4. Please briefly describe that which you are requesting assistance for: (Attach additional pages if necessary)

5. Please sign and date:

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Valadao and/or his representative to request information from any Federal agency or department, including a Veteran Service Office, in attempting to answer my inquiry. I understand this authorization my include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms – including medical records or other documents or matters relative to my case.

Print Name

Signature

Date

6. Please return this completed form to Congressman David G. Valadao at the address below:

101 North Irwin Street, Suite 110 B Hanford, CA 93230 Phone: 559.582.5526 Fax: 559.582.5527

