



CONGRESSMAN JIM COSTA
16th Congressional District

PRIVACY RELEASE FORM

Name: _____ Please circle one: Mr. Mrs. Ms. Miss

Address: _____ City: _____ Zip: _____

Telephone: _____ Cell: _____ FAX: _____

Email: _____ Work #: _____

Date of Birth: _____ Social Security Number: _____

Federal Agency you need assistance with: _____

****Each federal agency requires a different identification number -- Please complete the following where applicable:

Alien Registration Number: _____ WAC #: _____

Immigration Form Filed: _____ Location where filed: _____

US Embassy Contacted and Embassy Case #: _____

VA Case #: _____ Branch of Service: _____ OWCP File # _____

Please explain the problem: _____

In accordance with the provisions of the Privacy Act, I hereby request the assistance of Congressman Jim Costa in addressing the matter described above, and I authorize Congressman Costa and his staff to receive any information which they need in order to provide this assistance.

Signature: _____ Date: _____

Please return signed form along with any additional information to:

Congressman Jim Costa
Attention: Director of Constituent Services
855 M Street, Suite 940, Fresno, CA 93721
Phone (559) 495-1620 -- Fax: (559) 495-1027