



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? (Circle one) Yes No If yes, please provide their information below:

Name: _____ Social Security: _____

Address: _____ Date of Birth: _____

Phone Number: _____ Email: _____

3. Please complete the appropriate section below:

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

Medicare Inquiries: (Circle one) Yes No

Are you a provider:

Yes No

Are you attempting to enroll
or re-enroll in Medicare:

Yes No

List your Contractor:

Which office are you
currently corresponding with:

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 may 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**