



Congressman Ed Perlmutter

Privacy Release Form (required by the Privacy Act of 1974)

Thank you for contacting me for assistance. When providing me the following information, my office will be authorized to make inquiries regarding your case. It is my pleasure to help you resolve any issues or problems you may be experiencing.

Constituent Name: _____

Date of Birth: _____ Today's Date: _____

Social Security Number: _____

Constituent Address: _____
(Street)

(City) (State) (Zip)

Contact Numbers: _____ (home) _____ (work)

_____ (cell) _____ (fax)

_____ (email address)

I, _____, hereby request and
(signed name)

authorize the individual and/or agency listed herein to release any and all information in my name and in my records to:

The Office of Congressman Ed Perlmutter
CO-7th Congressional District
12600 W. Colfax Ave.
Lakewood, CO 80215

If you are working with another congressional office, please indicate: _____

Brief description of concern (or attach letter): _____

Agency or Office: _____ Case Number, if any: _____