



U.S. House of Representatives  
*Arizona's 6th Congressional District*  
**David Schweikert**

**P R I V A C Y   R E L E A S E   F O R M**

Dear Congressman Schweikert:

I am aware that the Privacy Release Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congressman Schweikert.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 \_\_\_\_\_ Loan/Case/Claim Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you contacted another Member of Congress? If so, which office? \_\_\_\_\_

**Veterans and Military Issues**

Branch of Service: \_\_\_\_\_ Rank and Unit: \_\_\_\_\_

**Immigration Issues**

Resident Alien Number: \_\_\_\_\_ Application Name: \_\_\_\_\_  
 Applicant Date of Birth: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Social Security Issues**

Type of Claim Filed: \_\_\_\_\_ Initial Claim Date filed: \_\_\_\_\_  
 Status (pending/approved/denied): \_\_\_\_\_  
 Reconsideration/ALJ Hearing: Date filed: \_\_\_\_\_ Status: \_\_\_\_\_

**Other Agencies**

Servicer/Agency Name: \_\_\_\_\_ Case Type: \_\_\_\_\_  
 If IRS, specify the period or tax year involved: \_\_\_\_\_ If you filed a joint return, a joint signature is required below.

**BRIEF DESCRIPTION OF THE CONCERN(S) YOU WOULD LIKE ADDRESSED:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you would also like this information to be provided to a spouse, parent, child, attorney, or other interested parties, please indicate: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Signature** (if required): \_\_\_\_\_

<p><b>Please return this form via fax or mail to:</b></p>	<p align="center"><b>Congressman David Schweikert</b>  <b>10603 N. Hayden Road, Suite H-108</b>  <b>Scottsdale, AZ 85260</b>  <b>Phone: (480) 946-2411</b>  <b>Fax: (480) 946-2446</b></p>
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