

**Office of Congresswoman Anna Eshoo  
Privacy Consent Form**

Date: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Agency Claim Number (if applicable): \_\_\_\_\_

Social Security Number (if applicable): \_\_\_\_\_

Please briefly explain the problem you are currently having with a federal agency:

Please describe the nature and date of your latest correspondence or contact with the agency:

Have you contacted this office before regarding this matter? If so, when?

*In accordance with the provisions of the Privacy Act of 1974 ( 5 U.S.C. § 552a), I hereby authorize Congresswoman Anna Eshoo and her staff to make inquiries on my behalf and to receive confidential information in their efforts to assist me in resolving a federal agency matter.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date