



### Privacy Authorization Form

(The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, our office must have your written authorization before we can initiate an inquiry with a federal agency on your behalf)

CONSTITUENT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CONTACT- TELEPHONE: \_\_\_\_\_

CONTACT- EMAIL: \_\_\_\_\_

AGENCY INVOLVED: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

I, \_\_\_\_\_, hereby request and authorize the individual and/or  
(signed name)

agency listed herein to release any and all information in my name and in my records to:

*Congressman Scott R. Tipton, CO-3<sup>rd</sup> CD*

*503 N. Main Street,  
Suite 658  
Pueblo, CO 81003*

*609 Main Street,  
#105 Box 11  
Alamosa, CO 81101*

*225 North 5th Street  
Suite 702  
Grand Junction, CO 81501*

*#2 West Main St.  
Cortez, Co 81321*

*Phone: 719.542.1073  
Fax: 719.542.1127*

*Phone: 719.587.5105  
Fax: 719.587.5137*

*Phone: 970.241.2499  
Fax: 970.241.3053*

*Phone: 970.565.7383  
Fax: 970.565.7631*

**If you are working with another Congressional office, please indicate which:**

\_\_\_\_\_

**\*\*Please also provide a brief description of your concern and attach any other relevant documentation to help us assist you:**