

## Congressman Jason Chaffetz, District 3

## **Consent for Release of Personal Records**

I have sought assistance from Congressman Jason Chaffetz on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records and to discuss problems involved in this case with Congressman Jason Chaffetz or any authorized member of his staff until this matter is resolved.

Name:				
	First	Middle	Last	
Address:		City:	State: Z	ip:
Home #:	Cell #:	Email:		
Date of Birth:		Social Security Numb	er:	
Case, File or Reg	gistration Number:			
Type of issue and	d agency you are working	with:		
Are you currently	y working with another Co	ongressional or Senator's o	ffice?	
Are you currently	y working with legal coun	sel?		
If so, who?				
Do you have any	pending issues with the II	RS?		
Have you been c	harged of any crimes?			
correct informatio	n regarding my situation. F	Congressman Chaffetz and his ailure to disclose all informa result in the discontinuance	tion or any deliberate att	
Signature			Date	

## Please return form to:

Provo Office (Social Security, Medicare, Veterans, Military, IRS, Housing & Post Office)
51 S. University Ave., #318, Provo, UT 84601; phone: (801) 851-2500; fax: (801) 851-2509
Cottonwood Heights Office (Passports & Immigration\*)

6975 S. Union Park #470, Cottonwood Heights, UT 84047; phone: (801)532-0070; fax: (801)851-2509 \*Immigration cases require separate forms which may be obtained by calling the Cottonwood Heights office or emailing jennifer.andelin@mail.house.gov

