



DR. DAN BENISHEK

CONGRESSMAN FOR MICHIGAN'S FIRST DISTRICT

WWW.BENISHEK.HOUSE.GOV

PRIVACY ACT RELEASE FORM

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concerns to be released to the office of Congressman Dan Benishek M.D.

Name (Printed):

Address:

City:

State:

ZIP:

Telephone Number:

Date of Birth:

E-mail Address:

Have you contacted any other Congressional office about this issue? If so, which office(s)?

Please provide your Social Security number or any agency number which reference your case (i.e., Worker's Compensation Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, or Military ID.)

Please explain the nature of your concern and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete.

Please state the outcome you are seeking:

Signature:

Date:

Please fax or mail your completed form to the nearest district office at:

GAYLORD

1349 S. Otsego Ave., Ste 7A
Gaylord, MI 49735-1780
Tel: 877-376-5613
Fax: 877-504-0291

TRAVERSE CITY

3301 Veterans Dr. Ste 106
Traverse City, MI 49684-4592
Tel: 877-376-5613
Fax: 877-504-0291

IRON MOUNTAIN

500 S. Stephenson Ave., Ste 500
Iron Mountain, MI 49801-3420
Tel: 877-376-5613
Fax: 877-504-0291

MARQUETTE

307 S. Front St., Ste 120
Marquette, MI 49855-4613
Tel: 877-376-5613
Fax: 877-504-0291