



# Congressman Ed Perlmutter

## Privacy Release Form (required by the Privacy Act of 1974)

Thank you for contacting me for assistance. When providing me the following information, my office will be authorized to make inquiries regarding your case. It is my pleasure to help you resolve any issues or problems you may be experiencing.

Constituent Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Constituent Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Contact Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

\_\_\_\_\_ (cell) \_\_\_\_\_ (fax)

\_\_\_\_\_ (email address)

I, \_\_\_\_\_, hereby request and  
(signed name)

authorize the individual and/or agency listed herein to release any and all information in my name and in my records to:

The Office of Congressman Ed Perlmutter  
CO-7<sup>th</sup> Congressional District  
12600 W. Colfax Ave.  
Lakewood, CO 80215

**If you are working with another congressional office, please indicate:** \_\_\_\_\_

Brief description of concern (or attach letter): \_\_\_\_\_

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Agency or Office: \_\_\_\_\_ Case Number, if any: \_\_\_\_\_