



**Privacy Release Consent Form
U.S. Representative Tim Walberg**

Date: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Email: _____

Please complete:

Social Security Number: _____

Veteran's claim number (if applicable): _____

Other number identifying your case: _____

Date and place claim was filed (if applicable): _____

Background information regarding assistance requested (please attach supporting documentation):

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Tim Walberg or a member of his staff to make the appropriate inquiry on my behalf.

(Signature)

Please return to: U.S. Representative Tim Walberg, 110 1st St., Suite 2, Jackson, MI 49201
Phone: (517)780-9075 | Fax: (517) 780-9081