OFFICE OF CONGRESSWOMAN ANNA G. ESHOO PRIVACY CONSENT FORM

Please print clearly

| Date: | / | | |
|-------------------|---------------------------|---------------|---|
| Name: | (Last) | | |
| | (First) | | |
| Address: | | | |
| | | | |
| | | | |
| Phone: (Daytime): | | (Evening) | |
| E-mail: | | | _ |
| Federal Agen | cy Involved: | | |
| Agency Clain | n Number (if applicable): | | |
| Date of Birth: | | _ Passport #: | |

• Please briefly explain the problem you are having with the federal agency referenced above:

| • | Please describe the nature and date of your latest correspondence or contact with the agency: | | |
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| • | Have you previously contacted t matter? If so, when? | his or any other representative's office regarding this | |
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| author federa | rize Congresswoman Anna Eshoo | Privacy Act of 1974 (5 U.S.C. § 552a), I hereby and her staff to make inquiries on my behalf to any all information in their efforts to assist me in resolving a | |
| | | | |
| | | Signature | |
| | | | |
| | | Printed Name | |
| | | | |
| | | Today's Date | |
| Please | Return to: 698 Emerson Stre | eet | |
| | Palo Alto, Califor 650-323-2984 (pl 650-323-3498 (fa | none) | |

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