



Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Fully complete the following fields. Please print legibly.

Prefix Name Social Security

Address Date of Birth

Phone Number Email

2. Is this case on behalf of anyone else? (Circle one) Yes No

If yes, please provide their complete information below:

Name Social Security Date of Birth

Address City State Zip

Phone Number Email

3. Fully complete the appropriate section below. Please print legibly.

IRS Inquiry:

Tax Year(s) Type of Tax

Military or Veteran's Affairs Inquiries:

VA File Number Stationed where

Branch of Service Military Rank

VA Regional Office Location Period of Service



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Medicare Inquiries: **(Circle one)** **Yes** **No**

Are you a provider: Yes No Are you attempting to enroll or re-enroll in Medicare: Yes No

List your Contractor: Which office are you currently corresponding with:

Please provide the federal agency if not listed:

4. Briefly describe that which you are requesting assistance for: *(Attach additional pages if necessary)*

5. Sign and date:

Pursuant to the Privacy Act of 1974, I hereby authorize Congressman Valadao’s office to obtain any information to assist me with the matter described above.

Print Name

Signature

Date

6. Please return this completed form to Congressman David G. Valadao at the address below:

Congressman David G. Valadao
101 North Irwin Street, Suite 110 B
Hanford, CA 93230