

PRIVACY ACT AUTHORIZATION

DATE _____

I, _____, hereby authorize Congressman Erik Paulsen and

(print name)

his staff to check with _____ on my questions concerning:

(print name of agency)

RESULTS YOU EXPECT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (H) _____ (W) _____

EMAIL: _____ LOAN#: _____

SOCIAL SECURITY NUMBER: _____ DOB: _____

VETERAN OR OTHER CLAIM NUMBER: _____ (A#) _____

SIGNATURE: _____

RETURN THIS FORM TO:

CONGRESSMAN ERIK PAULSEN
250 PRAIRIE CENTER DRIVE, SUITE 230
EDEN PRAIRIE, MN 55344
PHONE (952) 405-8510 FAX (952) 405-8514

Please include a detailed history of the problem and copies of all correspondence with the agency.