

Congressman Chris Stewart (UT-02)

Consent for Release of Personal Records

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until the matter is resolved.

Name:			
(First, Middle, Last)			
Address:	City: _		
State: Zi	p:	Primar	y Phone: □Home □ Cell □Work
Email Address:			
Date of Birth:	Social S	Security Number:	
Case, File or Registration Number:			
Are you working with another Congressperson/Senator? \Box Yes \Box No Who:			
Are you working with legal counsel? \Box Yes \Box No Who:			
Do you have any pending issues with the IRS? \Box Yes \Box No			
Have you been charged with any crimes? \Box Yes \Box No			

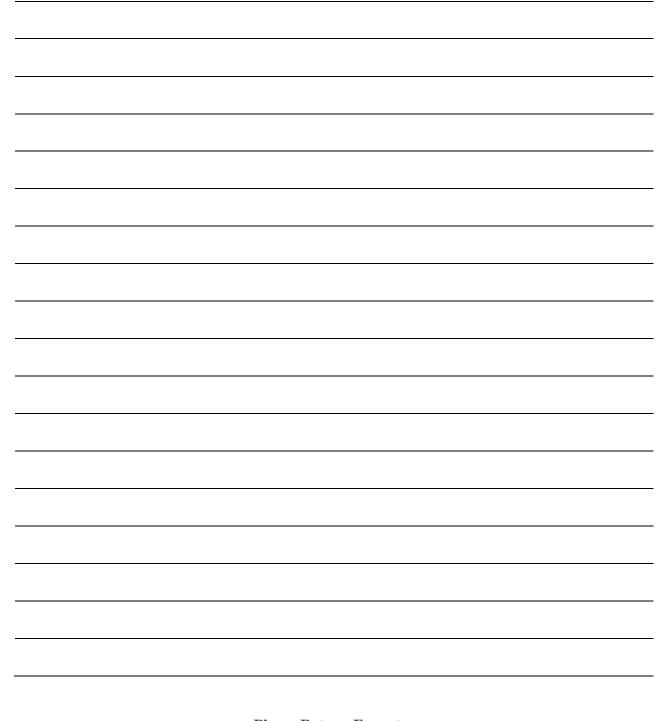
I understand that by requesting assistance from Congressman Stewart and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Stewart or his staff may result in the discontinuance of assistance.

Signature

Date

Please Return Form to: Congressman Chris Stewart, 420 East South Temple Suite 390, Salt Lake City, UT 84111 Fax: 801.364.5551 It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another document. In addition, if you answered yes to any of the questions on the previous page, please provide a detailed explanation.

Summary of Problem:



Please Return Form to: Congressman Chris Stewart, 420 East South Temple Suite 390, Salt Lake City, UT 84111 Fax: 801.364.5551