



Congressman Chris Stewart (UT-02) Consent for Release of Personal Records/ On Behalf Of

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.

Authorized Representative:

Name: _____
(First, Middle, Last)

Address: _____ City: _____

State: _____ Zip: _____ Primary Phone: _____
Home Cell Work

Email Address: _____

Claimant/Beneficiary:

Name: _____
(First, Middle Last)

Date of Birth: _____ Social Security Number: _____

Case, File or Registration Number: _____

Agency you are working with: _____

Are you working with another Congressperson/Senator? Yes No Who: _____

Are you working with legal counsel? Yes No Who: _____

Do you have any pending issues with the IRS? Yes No Have you been charged with any crimes? Yes 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

