

Privacy Authorization Form

U.S. Congressman Jason Smith Eighth Congressional District of Missouri

Name:	
Address:	City/St/Zip:
Primary Phone:	Alternate Phone:
E-mail:	Date of Birth:
SSN:	Government Agency Involved:
Please provide the contact information for anyone els	se with whom we can discuss this matter:
Name/Address:	
	Relationship:

I hereby request the assistance of the Office of Congressman Jason Smith to resolve the matter described above, as well as any related concerns. I authorize him and his staff to receive any information that they might need to provide this assistance. The information I have provided to Congressman Smith is true and accurate to the best of my knowledge and belief. The assistance I have requested from this office is in no way an attempt to evade or violate any federal, state, or local law.

Signature Date

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