



Lynn Jenkins, CPA
U.S. Congresswoman, Kansas - 2nd District

Consent for Release of Information & Personal Records

I am aware that the *Privacy Act of 1974* prohibits the release of information in my file without my approval. I authorize the appropriate agency(s) to provide information on my case/claim to Congresswoman Lynn Jenkins and/or her constituent representatives.

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY & ZIP CODE: _____

DAYTIME PHONE: _____ EVENING PHONE OR CELL: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

Provide any relevant numbers that identify your case: a claim number, INS number etc. _____

With which federal department or agency do you need assistance? _____

Have you contacted any other Congressional or Senatorial office regarding this matter? Yes _____ No _____

If yes, which office(s) have you contacted? _____

Please briefly describe your problem. (Include copies of any relevant documentation.) _____

I hereby authorize Congresswoman Lynn Jenkins and her staff to request and obtain information on my behalf, and to have complete access to all records pertaining to this matter.

SIGNATURE (s): _____ DATE: _____

Please return this form to the Congressional office nearest to you:

CONGRESSWOMAN LYNN JENKINS
3550 SW 5TH ST.
TOPEKA, KS 66606
785-234-5966 PHONE
785-234-5967 FAX

CONGRESSWOMAN LYNN JENKINS
701 N. BROADWAY ST.
PITTSBURG, KS 66762
620-231-5966 PHONE
620-231-5972 FAX