TED STA	CONSTITUENT SERVICE FORM		
	U.S. Representative Scott Perry (PA-10)		
* CONGRESS	Wormleysburg, PA 17043	2501 Catherine Street, Suite 11 York, PA 17408 (717) 893-7868 Fax: 717-635-9861	800 Corporate Circle, Suite 202 Harrisburg, PA 17110 (717) 603-4980 Fax: 717-635-9861
NAME			
DATE OF BIRTH	/ / MM DD YYYY		
HOME ADDRESS		CITY	ZIP
PHONE ()		
E-MAIL			
FEDERAL AGENCY re: YOUR ISSUE			
SSN / FEDERAL CASE # / RECEIPT # re: YOUR ISSUE			

PLEASE BRIEFLY DESCRIBE YOUR ISSUE / How You Need Help (may use separate sheet):

_____ Please add me to Rep. Perry's E-Newsletter contact list.

I authorize Rep.Perry / his Staff to leave information on my voicemail with regard to my inquiry.

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize US REP. SCOTT PERRY/ his Staff to request assistance on my behalf in connection with my above issue. I authorize discussion of my records with Rep. Perry/his Staff. I authorize Rep. Perry/his Staff to use this Privacy Release for any inquiries or subsequent appeals of the issue outlined above.

SIGNATURE _____

(Under the terms of the Privacy Act, all constituent service requests <u>must</u> include a signature)

DATE_____