

Office of Congressman Marlin Stutzman

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

Email: _____

Social Security Number/ V.A Number / Alien Number : _____

(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Have you contacted any other elected official regarding this case? Yes/No (circle one) If so, who? _____

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Send copies of any relevant information. (DO NOT SEND ORIGINALS.) Use extra paper if necessary.

Note: The Privacy Act requires the completion of this form in order for Congressman Stutzman or his representative to receive information on behalf of his constituents. I hereby authorize Congressman Stutzman or his representative to receive information on my behalf and or to discuss my records with the agency involved.

SIGNATURE: _____ Date: _____

Please return this form to:

Congressman Marlin Stutzman
E. Ross Adair Bldg., Rm 3105
1300 S Harrison Street
Fort Wayne, IN 46802
Main: (260) 424-3041
Fax: (260) 424-4042
Tollfree: 1-800-959-3041