



Privacy Release Form

Name:

Date of Birth:

Address:

City/State/Zip:

Social Security Number:

Phone Number:

Email Address:

Have you contacted any other congressional offices? If so, which office?

Please describe what you need assistance with and attach any beneficial information:

I authorize, under the provision of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information for their records about my case to the office of U.S. Congressman Tracey Mann.

Executive Signature:

Date:

Please return this form to our Constituent Services Director at Martha.Mendoza@mail.house.gov.