

CONGRESSMAN MIKE SIMPSON
U.S HOUSE OF REPRESENTATIVES
PRIVACY RELEASE FORM

Name: _____

Social Security #: _____

Mailing Address: _____

(fill out below if applicable)

City: _____

VA#: C- _____

Home Phone: _____

IRS tax#: 82- _____

Work Phone: _____

INS#: A- _____

Email: _____

Please state your problem:

I would like Congressman Simpson to:

Due to the Privacy Act of 1974 (P.L. 93-579), federal and state government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as a United States Representative, to contact the proper officials on your behalf, to discuss the matter, and receive any information pertinent to you and your concerns.

Your Signature

Date

Please mail original form to the nearest office of Congressman Mike Simpson