

RICK LARSEN
2ND DISTRICT, WASHINGTON
U.S. House of Representatives

Privacy Release Authorization Form

I am requesting assistance from Congressman Rick Larsen, and his staff, with a personal issue concerning a Federal agency (such as USCIS, DVA, SSA, etc).

Please explain your situation or request and provide any relevant information. Feel free to attach relevant documents, copies, or other materials that support your claim.

The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.

I understand that by signing, I authorize Congressman Larsen and his staff to receive any information from Federal agencies that they might need in order to provide assistance.

Name (Printed): _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Alien Registration #: _____

Signature: _____ Date: _____

Please list other offices or people (such as Senators or Representatives) you have contacted or are seeking help through and indicate if there are legal proceedings regarding your issue:

Please sign and return this form to Congressman Larsen's Everett office, ATTN: Casework, to 2930 Wetmore Ave., Suite 9-F, Everett, WA, 98201, or by fax to (425) 252-6606.