

Congressman F. James Sensenbrenner, Jr. Wisconsin - Fifth District

INQUIRY AND PRIVACY RELEASE FORM

Date: _____

Name: _____

Company: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____

Phone (W): _____

Social Security Number: _____

Claim Number: _____

Name of Agency: _____

DESCRIBE PROBLEM:

I hereby authorize the above mentioned agency to release all relevant portions of my records or relevant information in writing or through discussion pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved.

X _____

Signature of Constituent