Attn: _____ **People ID#:**_____
(for office use only) (for office use only)

Privacy Release Form

PLEASE RETURN THIS FORM TO:
Congressman Howard P. "Buck" McKeon

1008 West Avenue M-14, Suite E-1
Palmdale, CA 93551
(661)-274-9688
(661)- 274-8744/Fax

OR

26650 The Old Road, Suite 203
Santa Carita, CA 91381
(661)- 254-2111
(661)-254-2380/Fax

Date: _____

Name: _____

Address: _____

_____

City: _____

State: _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address:

Federal Agency Involved:

Social Security # or Agency File #: _____ Date of Birth _____

Have you contacted our office before? _____

Have you contacted another congressional office regarding this matter? _____
If "yes" to the above, which office & when?
_____

Is this matter currently pending before a local, state, or federal court? _____**Are you currently being represented by another person, ie. an attorney, service organization etc.?** _____ *(By federal law, this office cannot involve themselves in private legal matters or represent constituents in judicial proceedings)*

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. In addition, please make your request for assistance as specific as possible. Should you require more room, feel free to attach a letter addressed directly to Congressman McKeon.
(You must click on next line to continue typing)

I hereby authorize U.S. Representative Howard P. "Buck" McKeon and his staff to make inquiries and obtain information related to my case currently pending with the above mentioned federal agency.

Signature: _____