

Privacy Consent Form

Date:

Dear Bob:

I hereby authorize you to make inquiries to the appropriate officials on my behalf.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

(DAY)

(NIGHT)

EMAIL:

SOCIAL SECURITY NUMBER:     -     -

FILE/CASE NUMBER:

FEDERAL/STATE AGENCY

PLEASE PROVIDE A BRIEF EXPLANATION OF YOUR CASE OR REQUEST:

SIGNATURE:

DATE: