

## **CONGRESSMAN JIM GERLACH**

Berks, Chester, Montgomery, and Lehigh Counties, Pennsylvania

## PRIVACY ACT CONSENT FORM

## **RETURN TO:**

Congressman Jim Gerlach 840 N. Park Road Wyomissing, PA 19610

Congressman Jim Gerlach 111 E. Uwchlan Avenue, 2<sup>nd</sup> Floor 580 W. Main Street, Suite 4 Exton, PA 19341

Congressman Jim Gerlach Trappe, PA 19426

т	authoriza Congressman	Jim Gerlach and/or a member of his staff to	
make inquiries of fede	eral agencies and to view confidential Title 5, Section 55a of the United States		
Signature:	Da	Date:	
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Home Phone:	Daytime Phone:	Cell Phone:	
E-mail address:	Fax:		
SS#:	Medicare #:	Military #:	
Alien #:	Immigration Receipt #:		
Federal Agency You A	Are Seeking Assistance With:		
	you can the nature of your problem an behalf: (Please use the back of this fo	d what you are asking Congressman rm, if necessary.) THIS MUST BE COMPLETED	