



Congressman

Jared Polis

2nd District, Colorado | 501 Cannon HOB, Washington, D.C. 20515 | (202) 225-2161

Privacy Authorization Form

For assistance with the IRS, FCC, USPS, Housing, U.S. Citizenship/Immigration Services, Workforce issues, Passport/Visa Services, and current Military benefits, please print and fill out this form and fax or mail it to Congressman Polis' Thornton Office:

For assistance with the Veterans Administration, Social Security, Medicare, and Student Financial Aid issues, please print and fill out this form and fax or mail it to Congressman Polis' Boulder Office:

Office of Congressman Jared Polis
1200 East 78th Avenue, Suite #105
Thornton, CO 80229
Fax: (303) 287-4385

Office of Congressman Jared Polis
4770 Baseline Rd, Suite #220
Boulder, CO 80303
Fax: (303) 568-9007

Date: _____

Name: _____

Address: _____

Email Address: _____ (Never include your Social Security Number in email.)

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____

Agency Involved: _____

Numbers Identifying Case (if other than SSN): _____

Date and Place Claim was filed: _____

Please describe problem in detail (attach a separate sheet, if necessary): _____

If you are working with another congressional office, please indicate: _____

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Jared Polis or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

(Signature)