



CONGRESSMAN JOHN P. SARBANES

Constituent Service Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Work Phone: \_\_\_\_\_

ID# or Case# \_\_\_\_\_

Email: \_\_\_\_\_

**Brief Description of the Problem\*:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please attach an explanation of your situation and copies of pertinent documents, letters, etc.

**Disclosure Authorization**

I am aware that Public Law 93-579 (the Privacy Act of 1974) prohibits the release of personal information contained in my records without my permission.

I authorize \_\_\_\_\_ (Federal Agency) to provide information concerning my case/claim to Congressman John P. Sarbanes and his staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Third Party Disclosure (optional)**

I hereby authorize Congressman John P. Sarbanes and his staff to discuss the results of this inquiry on my behalf with the following individual:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to:**

*U. S. Representative John P. Sarbanes*

*600 Baltimore Avenue, Suite 303 · Towson, Maryland 21204*

*Telephone: (410) 832-8890 · Fax: (410) 832-8898*