



PRIVACY RELEASE FORM

Please complete fill out this form, print and mail or fax to:

Congressman David Schweikert
10603 N. Hayden Road, Suite 108
Scottsdale, AZ 85260
480-946-2411 Office
480-946-2446 Fax

Dear Congressman Schweikert:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congressman Schweikert.

Print Name: _____

Address: _____

Social Security or Claim Number: _____ **DOB:** _____

Telephone Number: _____ **Email:** _____

Federal Agency: _____ If IRS, specify period or tax year involved _____

BRIEF DESCRIPTION OF PROBLEM:

If you would also like this information to be provided to a spouse, parent, child, attorney, or other interested parties please indicate below:

Signature: _____ **Date:** _____

Have you contacted another Member of Congress, if so, which office? _____