

**HOWARD P. "BUCK" McKEON**  
25th District, California

COMMITTEE ON ARMED SERVICES  
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**Congress of the United States**  
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(800) 565-4333

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## Privacy Act Release/Casework Request Form

*Name:* \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

*I prefer to receive correspondence by E-mail (if provided above):* YES \_\_\_\_\_ NO \_\_\_\_\_

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

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Phone (Home):* \_\_\_\_\_ *(Cell):* \_\_\_\_\_ *(Work):* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_ *Passport Tracking Number:* \_\_\_\_\_

*Passport Agency Location Application is being processed at:* \_\_\_\_\_

*Destination:* \_\_\_\_\_ *Travel Date:* \_\_\_\_\_ *Date Applied:* \_\_\_\_\_

**The Problem Is: (attach an additional sheet(s) if necessary)**

**\*\*Privacy Act Release\*\***

I request and authorize U.S. Representative Buck McKeon to act on my behalf and to receive information from proper officials regarding the matter described above. Congressman McKeon is authorized by me to receive on my behalf all correspondence and information about my case.

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please return this completed form to:

**Congressman Buck McKeon**  
1008 West Avenue M-14 Suite E-1  
Palmdale, CA 93551  
Phone: (661) 274-9688  
Fax: (661) 274-8744

OR

**Congressman Buck McKeon**  
26650 The Old Road Suite 203  
Santa Clarita, CA 91381  
Phone: (661) 254-2111  
Fax: (661) 254-2380

\*\*\* Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman McKeon to make the necessary inquiries on your behalf.