

PRIVACY ACT CONSENT FORM

TO WHOM IT MAY CONCERN:

DATE: _____

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974). I hereby give my consent for information concerning my file to be furnished to Congressman Jeff Flake.

I have discussed my case with Congressman Flake and/or his representative(s) and request that any relevant information he may require in order to assist in responding to my inquiry be provided to him in accordance with the provisions of the law.

NAME (in full): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____

E-Mail Address: _____

Briefly explain the problem or information desired. (Attach separate statement if necessary.)

If this problem involves the Social Security Administration, Office of Personnel Management, Military, Internal Revenue Service, Department of Labor or the EEOC; please provide the following, where appropriate:

GOVERNMENT AGENCY INVOLVED: _____

SOCIAL SECURITY ADMINISTRATION/NUMBER: _____

VETERANS CLAIM NUMBER: _____

BRANCH OF SERVICE: _____

DATE AND PLACE OF BIRTH: _____

ALIEN REGISTRATION NUMBER: _____

Signature

Please return to:
U.S. Representative Jeff Flake
1640 South Stapley Drive, Suite 215
Mesa, Arizona 85204
(480) 833-0092
(480) 833-6314