



**Privacy Release Consent Form  
U.S. Representative Tim Walberg**

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

Name(s): \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please complete:**

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

Veteran's Claim number (if applicable): \_\_\_\_\_

Other number identifying your case: \_\_\_\_\_

Date and place claim was filed (if applicable): \_\_\_\_\_

Background information regarding assistance requested (please attach supporting documentation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Tim Walberg or a member of his staff to make the appropriate inquiry on my behalf.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Please return to:  
U.S. Representative Tim Walberg  
800 West Ganson  
Jackson, MI 49202  
Phone: (517)780-9075  
Fax: (517) 780-9081