

CONSTITUENT REQUEST FORM

PLEASE COMPLETE THE AREAS THAT
RELATE TO YOUR PROBLEM

DATE: _____

D.O.B.: _____

NAME: _____

SOC. SEC. #: _____

ADDRESS: _____

V.A. FILE #: _____

WORKERS' COMP. #: _____

PHONE #: _____

OTHER: _____

PRIVACY ACT RELEASE

The provisions of the Privacy Act of 1974 prohibit the disclosure of information of a personal nature from the files of an individual without his/her consent.

Accordingly, I authorize Congressman Jerry Costello to access any and/or all of my records that relate to the problem stated below.

(Signature)

Briefly state your problem:

Please be assured we will do everything we possibly can to assist with your problem.