Privacy Authorization Form

For assistance with any federal agency, please print and fill out this form and fax or mail it to Congressman Polis' Boulder Office: 4770 Baseline Rd., suite 220, Boulder, CO 80303 fax: 303/568-9007. * Do not send your Social Security Number via email.

Date:	
Name:	
Address:	
Email Address:	
Home Phone:	Work/Cell Phone:
Social Security Number:	Date of Birth:
Agency Involved:	
Case or File Number (if other than SSN):	
Date and Place Claim was filed:	
Please describe problem in detail (attach a sep	parate sheet, if necessary):
If you are working with another congressional	office, please indicate:
In accordance with the provisions of the Privac of his staff to make the appropriate inquiry on r	cy Act, I hereby authorize Congressman Jared Polis or a member my behalf.
Sincerely,	
(Signature)	