



# Congress of the United States House of Representatives

## PRIVACY RELEASE FORM

*Authorization in Accordance with the 1974 Privacy Act.*

**Please print.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Prefer method of contact: \_\_\_\_\_

The federal agency I need assistance with: \_\_\_\_\_ (VA, Social Security,  
IRS, Immigration, etc.)  
*Agency*

The issue I am having is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The resolution I am seeking is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #, VA Claim #, Alien #/Receipt #, (etc.): \_\_\_\_\_  
*(Please provide the appropriate identification number pertaining to the agency in which you are seeking our help)*

*Note: The Privacy Act requires the completion of this form in order for Congressman Gianforte or his representative to receive information on behalf of his constituents. I hereby authorize congressman Gianforte or his representative to receive information on my behalf and/or to discuss my records with the agency involved or with any third party designated on the reverse side of this document.*

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

Have you contacted any other elected official regarding this case? Yes / No (circle one) If so, who?

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Please list the name and relationship information for any third person we can disclose information to (attorney, parent, spouse, state legislator, etc.)

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form to the office below:

710 Central Ave  
Great Falls, MT 59401

District Office Phone Number: (406) 952-1280