



Office of Congresswoman Jackie Walorski

Second District of Indiana

PRIVACY RELEASE FORM

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski’s assistance with a federal agency, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any documents relevant to the matter described.

Note: This form must be signed by the individual to whom the matter pertains (or a legal guardian, if a minor).

Full Name: _____

Birth Date: _____ Social Security #: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____ Primary Phone: _____

► Specify any federal agencies involved (VA, DOD, Social Security, IRS, etc.): _____

► Specify the problem you are having with the agencies: _____

► Specify the resolution you are seeking: _____

► Specify any relevant case identifier(s) (Medicare ID #, IRS PIN, Federal EIN, Passport Application #, Loan #, etc.): _____

I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf: 1) to make inquiries with the agencies involved, 2) to receive my records from said agencies, and 3) to discuss my records with said agencies and any third-party listed on the back of this form, as needed. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.

► SIGNATURE (in ink): _____ Date: _____

→ Over, please

▶ Have you contacted any other elected officials about this matter? If so, please specify: _____

▶ Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

Optional Third-Party Disclosure Authorization

If you would rather that our office communicate primarily with a third-party individual on your behalf, please provide his or her information below. Please limit this authorization to a spouse, a legal guardian, a legal representative (such as an attorney), a CPA, or someone who holds legal power of attorney over your affairs. If this case concerns VA benefits or VA health care, then the individual you name should be your VA-appointed fiduciary or have VA-recognized power of attorney for your health care.

Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

******Return this form to our Mishawaka district office******

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www.walorski.house.gov