Office of Congresswoman Jackie Walorski
Second District of Indiana
PRIVACY RELEASE FORM – For Businesses Entities
Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski’s assistance on behalf of a business entity, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any relevant documents. If your business needs help with a federal tax or visa problem, please use our Privacy Release Forms that are specific to those issues.

Note: This form must be signed by an appropriate officer at the company.

Business Name: ___________________________ ___________________________ ___________________________

Federal Employer Identification Number (EIN): ___________________________ ___________________________

Street: ___________________________ ___________________________ ___________________________

City: ___________________________ State: ___________ ZIP: ___________

Primary Contact: ___________________________ Title: ___________________________

Email: ___________________________ Phone: ___________________________

► Specify the federal agency involved (ex: SBA, HUD, CBP, USDOT): ___________________________

► List any agency case file numbers (ex: SBA loan #): ___________________________

► Briefly summarize the problem your company having with this agency: ___________________________

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: ___________
► Please list any other congressional offices you have contacted about this case: ____________________________________

► 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, an attorney, an accountant, or someone who holds power of attorney over your affairs.

Name: ____________________________________  Relationship: ____________________________________

Email: ____________________________________  Primary Phone: ____________________________________

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

Office of Congresswoman Jackie Walorski
ATTN: Constituent Services
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www.walorski.house.gov