



**Congress of the United States**  
House of Representatives  
Washington, DC 20515

The Privacy Act of 1974 protects your personal information from unauthorized use and disclosure by federal agencies. For instance, any personal information held by a federal agency, including Social Security data, military service records, or Internal Revenue Service tax information cannot be shared with another agency or a Member of Congress without your written consent, except in certain circumstances.

To initiate an inquiry on your behalf, Congresswoman Marilyn Strickland may need to request confidential information from one or more federal agencies. To assist with this, please complete and sign the consent form and return it to the Lacey District Office at 420 College Street SE, Suite 3000, Lacey, WA 98503, fax it to 360-459-8581, or return it as an attachment to our email.

When submitting your inquiry, please return this Privacy Release with **copies** of any relevant documents to support your case. **Retain the original documents for your records.** All documentation you provide will be shared with the federal agencies responsible for responding to our request, and any paper copies in our possession will be shredded one year after we close your case.

Do not use this privacy release for cases that involve USCIS or ICE. Please use the USCIS and ICE privacy releases available on our website.

**Describe Your Issue: (YOU MUST COMPLETE THE BOX BELOW)** If you need more space attach a detailed letter to this release.

By signing below, you acknowledge and agree to this policy, and in addition, you authorize the release of information related to your case to the individuals listed below:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mr.  Mrs.  Miss  Ms.  Military Rank (if applicable) \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ CLAIM/ CASE #: \_\_\_\_\_

Have you contacted the office of another Representative or Senator Regarding this matter?

Yes  No If yes, which office: \_\_\_\_\_

*\*This information may be released to the following individuals (eg: family members, guardian, attorney)*

\* NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\* NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_