



**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 771-200-5950, 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.

**Important: Do not** use this privacy release form for cases involving **USCIS, ICE, or the U.S. Passport Agency.** Please use the link to the specific privacy release forms for **USCIS, ICE, or Passports** available on our website.

**Describe Your Issue:** If you need more space than the box allows, write “**See Attached**” in the box and include a detailed letter with this release.

By signing below, you acknowledge and agree to this policy and authorize the release of information related to your case to the individuals listed below. If you authorize your attorney to communicate with Congresswoman Strickland or her staff regarding your case, you understand that you will be responsible for any legal fees incurred as a result of those communications.

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: \_\_\_\_\_