MARILYN STRICKLAND
10ᵀᴴ DISTRICT, WASHINGTON
_____

WASHINGTON OFFICE
1004 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-9740

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

The Privacy Act of 1974 which went into effect September 27, 1975 is designed to protect you from the unauthorized use and exchange of personal information by Federal agencies. For example, any information a Federal agency has about you, including Social Security data, your military service records or census information, may not, with few exceptions, be given to another agency or to a Member of Congress without your written permission.

Investigation of your concern may require that Congresswoman Marilyn Strickland ask one or more Federal agencies for confidential information. In order to be of better assistance to you, please complete and sign this consent form and return it to the Lacey district office located at 420 College Street SE, Suite 3000, Lacey, WA 98503 or fax to 360-459-8581.

Please understand that you are responsible for all of your original documents or copies, and you must retain these for your records. All documentation held by this office will be shredded one year after your case with the office is closed. Your signature below is acknowledgement of this policy.

Nature of Problem (MUST FILL OUT) - if more space is needed, please continue on additional paper):

I hereby authorize Congresswoman Marilyn Strickland to receive such information about me as may be contained in the records of any department or agency of the Federal Government, which may relate to the above

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: _____