



U.S. House of Representatives  
6<sup>th</sup> District, Arizona

**DAVID SCHWEIKERT**  
**PRIVACY RELEASE FORM**

Dear Congressman Schweikert:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congressman Schweikert.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
\_\_\_\_\_ **Loan/Case/Claim Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Have you contacted another Member of Congress, if so, which office? \_\_\_\_\_

<b><u>Veterans and Military Issues:</u></b>	
<b>Branch of Service:</b> _____	<b>Rank and Unit:</b> _____
<b><u>Immigration Issues:</u></b>	
<b>Resident Alien Number:</b> _____	<b>Applicant Name:</b> _____
<b>Applicant Date of Birth:</b> _____	<b>Type of Application:</b> _____
<b>Place of Birth:</b> _____	<b>Receipt Number:</b> _____
<b><u>Social Security Issues:</u></b>	
<b>Type of claim filed:</b> _____	<b>Social Security Number:</b> _____
<b>Initial Claim Date filed:</b> _____	<b>Status:</b> (pending/approved/denied) _____
<b>Reconsideration/ALJ Hearing:</b> _____	<b>Date filed:</b> _____ <b>Status:</b> _____
<b><u>Other Agencies:</u></b>	
<b>Servicer/Agency Name:</b> _____	<b>Case Type:</b> _____
<b>If IRS, specify period or tax year involved:</b> _____	<b>If joint return, joint signature required below.</b>

**BRIEF DESCRIPTION OF PROBLEM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would also like this information to be provided to a spouse, parent, child, attorney, or other interested parties please indicate below:

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Additional Signature (if required):** \_\_\_\_\_

Please Return this form via fax or US Mail to: Congressman David Schweikert -10603 N. Hayden Road, Suite 108 Scottsdale, AZ 85260. Phone: 480-946-2411. Fax: 480-946-2446