



U.S. House of Representatives
Arizona's 6th Congressional District
David Schweikert

P R I V A C Y R E L E A S E F O R M

Dear Congressman Schweikert:

I am aware that the Privacy Release 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? _____

Veterans and Military Issues

Branch of Service: _____ Rank and Unit: _____

Immigration Issues

Resident Alien Number: _____ Application Name: _____
Applicant Date of Birth: _____ Type of Application: _____
Place of Birth: _____ Receipt Number: _____

Social Security Issues

Type of Claim Filed: _____ Initial Claim Date filed: _____
Status (pending/approved/denied): _____
Reconsideration/ALJ Hearing: Date filed: _____ Status: _____

Other Agencies

Servicer/Agency Name: _____ Case Type: _____
If IRS, specify the period or tax year(s) involved: _____ If you filed a joint return, a joint signature is required below.

BRIEF DESCRIPTION OF THE CONCERN(S) YOU WOULD LIKE ADDRESSED:

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

Signature: _____ **Date:** _____

Additional Signature (if required): _____

Please return this form via fax or mail to:
Congressman David Schweikert
10603 N. Hayden Road, Suite H-108
Scottsdale, AZ 85260
Phone: (480) 946-2411
Fax: (480) 946-2446