



U.S. House of Representatives

1st District of Arizona

DAVID SCHWEIKERT

PRIVACY RELEASE FORM 2023

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Loan/Case/Claim Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Veterans and Military Issues

Branch of Service: \_\_\_\_\_ Rank and Unit: \_\_\_\_\_

Passport Issues

Passport Locator Number \_\_\_\_\_ Date of Submission \_\_\_\_\_

Renewal or New Application (circle one)

Social Security Issues

Type of Claim Filed: \_\_\_\_\_ Initial Claim Date filed: \_\_\_\_\_ Date filed: \_\_\_\_\_

Reconsideration/ALJ Hearing: \_\_\_\_\_ Status (pending/approved/denied): \_\_\_\_\_

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:

Four horizontal lines for describing the concern(s).

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
14500 N. Northsight Blvd, Suite 221, Scottsdale, AZ 85260.
Phone: 480-946-2411. Fax: 480-946-2446