

PRIVACY ACT AUTHORIZATION

DATE _____

I, _____, hereby authorize Congressman Pete Stauber and
(print name)
his staff to check with _____ on my questions concerning:
(print name of agency)

PROBLEM: _____

RESULTS
EXPECTED: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (H) _____ (W) _____ (C) _____

EMAIL: _____ DOB _____

LOAN#, SS#, VA#, A# or other relevant type case number: _____

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

SIGNATURE: _____

RETURN THIS FORM TO:

CONGRESSMAN PETE STAUBER
5094 Miller Trunk Highway, Suite 900
Hermantown, MN 55811
PHONE (218-355-0280)

Please include a detailed history of the problem and copies of all correspondence with the agency.