



OFFICE OF CONGRESSWOMAN NANETTE DIAZ BARRAGÁN
44th Congressional District, California
PRIVACY RELEASE FORM

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Pursuant to the provisions of the Federal Privacy Act, I hereby authorize Congresswoman Nanette Diaz Barragán to contact any federal agency on my behalf and receive information and/or reports pertaining hereto.

NAME: _____ Date of Birth: ____/____/____

Current Address (No P.O. Boxes): _____

Email: _____

Telephone Numbers: (Home): _____ (Other): _____

List any identifying numbers that might apply to your situation:

Social Security Number / Service Number / Immigration "A" Number: _____

Date of Original Claim: _____ Date Last Appeal Filed: _____

Federal Agency Involved: _____ Location of Office: _____

Briefly describe your problems (you may attach additional documentation if needed):

Desired Outcome/Requested Benefits:

Do you have legal representation? Yes / No (circle one)

Have you contacted other Representatives or Senators about this issue? Yes / No (circle one)

If yes, which office(s) and when: _____

I hereby declare that I am currently a resident of the Forty-fourth Congressional District and the above information is truthful and complete to the best of my knowledge. Failure to disclose all information nor any deliberate attempt to mislead Congresswoman Barragán or her staff may result in the discontinuance of assistance.

Signature: _____

Date: ____/____/____