



Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Please fill in all of the information:

Name:

Social Security:

Address:

Date of Birth:

Phone Number:

Email:

2. Is this case on behalf of anyone else? (Circle one) Yes No If yes, please provide their information below:

Name:

Social Security:

Address:

Date of Birth:

Phone Number:

Email:

3. Please complete the appropriate section below:

IRS Inquiry:

Tax Year(s):

Type of Tax:

Military or Veteran's Affairs Inquiries:

VA File Number:

Stationed where:

Branch of Service:

Military Rank:

VA Regional Office Location:

Period of Service:



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Medicare Inquiries: (Circle one) Yes No

Are you a provider:

Yes No

Are you attempting to enroll

or re-enroll in Medicare:

Yes No

List your Contractor:

Which office are you
currently corresponding with:

Please provide the federal agency if not listed:

4. Please briefly describe that which you are requesting assistance for: (Attach additional pages if necessary)

5. Please sign and date:

Pursuant to the Privacy Act of 1974, I hereby authorize Congressman Valadao's office to obtain any information to assist me with the matter described above.

Print Name

Signature

Date

6. Please return this completed form to Congressman David G. Valadao at the address below:

**101 North Irwin Street, Ste 110 B
Hanford, CA 93230
Phone: 559.582.5526
Fax: 559.582.5527**