



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: (Circle one) Yes No

Are you currently seeking or receiving Supplemental Social Security Income (SSI)? Yes No

Are you currently seeking or receiving Social Security Disability Insurance? Yes No

Are you currently seeking or receiving Social Security Retirement Benefits? Yes No

Have you filed a Request for Waiver of your overpayment?	Yes	No	Does Social Security owe you back pay?	Yes	No
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Have you filed a Request for Reconsideration?	Yes	No	Are you currently waiting for a hearing with an Administrative Law Judge?	Yes	No
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Which local office do you most frequently visit or correspond with?



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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**