

Congressman David G. Valadao

General Privacy Release Form



Fully complete the following fields. Please, print legibly.

CONSTITUENT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one): Single / Mar / Div / Sep / Wid	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Social Security Number: - -		
Home Phone Number: ()	Cell Phone Number: ()		Email Address:			

Is this case on behalf of someone else? If so, please provide your information below:

APPLICANT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Social Security Number: - -	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Email Address:		
Home Phone Number: ()	Cell Phone Number: ()		Relationship to Constituent: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

Fully complete the appropriate section pertaining to your request below.

INTERNAL REVENUE SERVICE (IRS) INQUIRY	
Tax Year(s):	Type of Tax:

MILITARY OR VETERANS' AFFAIRS (VA) INQUIRY		
VA File Number:	Branch of Service:	VA Regional Office Location:
Military Rank:	Period of Service:	Stationed:

