Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Fully complete the following fields. Please print legibly.

Prefix Name Social Security Date of Birth

Address City State Zip

Phone Number Email

2. Is this case on behalf of anyone else? (Circle one) Yes No

If yes, please provide their complete information below:

Name Social Security

Address Date of Birth

Phone Number Email

3. Fully complete the appropriate section below.

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

Have you filed a Request for Reconsideration? Yes No

Are you currently waiting for a hearing with an Administrative Law Judge? Yes No

Which local office do you most frequently visit or correspond with?

_____

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

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5. 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. Return this completed form to Congressman David G. Valadao at the address below:

Congressman David G. Valadao
101 North Irwin Street, Suite 110 B
Hanford, CA 93230