Congressman Chris Stewart, District 2

Consent for Release of Personal Records/On Behalf Of

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

Authorized Representative:

Name: _____
First Middle Last

Address: _____City: _____

State: _____ Zip: _____ Primary Phone: (_____)_____
☐ Home ☐ Cell ☐ Work

Email: _____

Claimant/Beneficiary:

Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

Case, File or Registration Number: _____

Type of issue and agency you are working with: _____

Are you working with another Congressperson/Senator? ☐ Yes ☐ No Who: _____

Are you working with legal counsel? ☐ Yes ☐ No Who _____

Do you have any pending issues with the IRS? ☐ Yes ☐ No

Have you been charged with any crimes? ☐ Yes ☐ No

I understand that by requesting assistance of Congressman Stewart and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Stewart or his staff may result in the discontinuance of assistance.

_____ _____
Authorized Representative Signature Date

Please return form to:

Congressman Chris Stewart, 136 East South State Street Suite 900, Salt Lake City, UT 84111 | Fax: 801.364.5551

It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another paper. In addition, if you answered yes to any of the questions on the previous page, please provide a detailed explanation.

Summary of Problem:

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