



# Congressman Jason Chaffetz, District 3

## Consent for Release of Personal Records

I have sought assistance from Congressman Jason Chaffetz 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 Jason Chaffetz or any authorized member of his staff until this matter is resolved.

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Case, File or Registration Number: \_\_\_\_\_

Type of issue and agency you are working with: \_\_\_\_\_

Are you currently working with another Congressional or Senator's office? \_\_\_\_\_

Are you currently working with legal counsel? \_\_\_\_\_

If so, who? \_\_\_\_\_

Do you have any pending issues with the IRS? \_\_\_\_\_

Have you been charged of any crimes? \_\_\_\_\_

*I understand that by requesting assistance of Congressman Chaffetz 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 Chaffetz or his staff may result in the discontinuance of assistance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please return form to:***

**West Jordan Office (IRS, Housing & Passports):**

3895 W. 7800 S., #201, West Jordan, UT 84088; phone: (801) 282-5502; fax: (801) 282-6081

**Provo Office (Social Security, Veterans, Military, Medicare, & Post Office):**

51 S. University Ave., #318, Provo, UT 84601; phone: (801) 851-2500; fax: (801) 851-2509

