

# United States House of Representatives

## PRIVACY RELEASE FORM

Please fill out this form so that the office of Congresswoman Jayapal can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office ordinarily cannot assist individuals in dealing with federal agencies without their express written consent.

1

Mr. Mrs. Ms. Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

If **pertinent to your issue** please provide us with the following information:

Alien Registration #: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

USCIS/DOS Case/ Receipt #: \_\_\_\_\_ Rank: \_\_\_\_\_

Receipt/ Priority Date: \_\_\_\_\_ Veteran's Claim #: \_\_\_\_\_

Housing Loan/ Account #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you contacted another congressional office? If so please specify which office(s) or state not applicable below:

2

In the space provided below please provide a brief explanation of your reason for requesting assistance from Congresswoman Pramila Jayapal's office, if necessary please include a separate sheet with a continuation of your reason for requesting assistance. Please attach **copies** of any supporting documents separately:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

I, \_\_\_\_\_, hereby request and authorize the Office of Congresswoman Pramila Jayapal and her staff to intercede on my behalf related to the matter described above, including the right to receive any information contained in my file, to forward a correspondence sent by me/us regarding this matter, or any other action I have related to the matter described above

I understand that any documents I provide to Congresswoman Pramila Jayapal or her staff may be copied and forwarded to others in relation to this matter. I also understand that this inquiry may not conclude in my best interest. I sign this Privacy Act waiver in good conscience and without mental reservation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check box to acknowledge that an **additional signature** is required only if information is also in spouse/representative/beneficiary's name or if you want our office to share findings with a third party (family member, friend, legal representative, other)

You may submit this form electronically by sending it to [Raman.Khanna@mail.house.gov](mailto:Raman.Khanna@mail.house.gov)

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