



Congresswoman Cynthia Axne

PRIVACY AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: Iowa Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If applicable, please provide the following:

Federal Agency Involved: _____ Social Security #: _____

Branch of Service (if applicable): _____ Military Rank (if applicable): _____

Case #: _____ IRS Tax Year: _____ Form: _____

Provide an explanation of your problem and attach any relevant documents. Use additional paper if necessary.

I authorize Congresswoman Axne and her staff to act on my behalf to transmit and/or receive information pertinent to any request for assistance. In order to respond to the inquiry about me, I understand that it may be necessary to release information that, under the Privacy Act of 1974, cannot be released without my written consent. I am therefore consenting to the release of information protected by statute.

Signature: _____ Date: _____

Please print and return this form to:

Congresswoman Cynthia Axne, 400 East Court Ave, Suite 346, Des Moines, IA 50309

Fax: 202-226-1329