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Congress of the United States
House of Representatives
Washington, DC 20515-4709

The Privacy Act of 1974 went into effect September 27, 1975. This law is designed to protect you from the unauthorized use and exchange of personal information by Federal agencies. For example, any information that a Federal agency has about you, such as Social security data, your military service records or census information may not, with a few exceptions, be given to another agency or to a Member of Congress without your written permission.

As you probably know, investigations of your concerns may require that I ask one or more Federal agencies for confidential information. In order to be of better assistance to you, I ask that you sign the consent form below. Please return to my district office at 15 S. Grady Way, Suite 101, Renton WA 98057 or fax to (425)793-5181.

Please understand that you are responsible for all of your original documents or copies, and must retain these for your records. All documentation held by our office will be shredded two years after your case with our office is closed.
Your signature below is acknowledgement of this policy.

Thank you,

Adam Smith
Member of Congress

Have you contacted another Congressional Member's Office? No ___ Yes ___ (If yes, do not continue and call the office)

DATE: _____

I hereby request and authorize Congressman Adam Smith and his staff to intercede on my behalf related to the matter described on the back of this form, including the right to receive any information contained in the records of any department or agency of the Federal Government, to forward a correspondence sent by me regarding this matter, or any other action I have related to this matter. I understand that any documents I provide to Congressman Adam Smith or his 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

Mr. / Mrs. / Ms. / None

Address

Print Name

City, State, Zip

Date of Birth

Phone

Social Security #/ VA Claim #/ Case #

E-mail address

Agency / Service Center

Additional Contact: I authorize Congressman Smith's office to speak on my behalf with:

Name: _____ Phone/Email _____

Nature of Problem:

DATE: _____

Signature