

Privacy Act Form

In accordance with the Privacy Act of 1974, written authorization is required by an individual before any information can be released to a congressional office by a federal agency.

Thereby, I hereby grant Congressman Benjamin L. Cardin my written permission to intercede on my behalf. I also authorize that any information that is contained in my records and necessary to provide a substantive response may be disclosed to Congressman Cardin.

PLEASE PRINT

NAME: _____

ADDRESS: _____

ZIP _____

TELEPHONE:

HOME: () _____ BUSINESS: () _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

BRIEF DESCRIPTION OF YOUR PROBLEM: Please include specific information including necessary identifying numbers such as Veterans claim number, military serial number, Medicare number, Alien number, etc.

SIGNATURE

DATE

Return form by mail:
Office of Congressman Ben Cardin
600 Wyndhurst Ave, Suite 230
Baltimore, MD 21210

Or return form by fax:
410-433-2110