



Congresswoman Diana DeGette
Privacy Act Release

Date _____

Social Security No. _____

VA Claim No. _____

Dear Congresswoman Diana DeGette:

I request your assistance in resolving a problem I am experiencing with (agency name).

Give highlights, necessary dates and locations. Use a second sheet if necessary. Also, include any supporting documentation.

In keeping with the restrictions of the Privacy Act of 1974, you are authorized to request any information required to assist me.

Signature _____

Name
(printed) _____

Address _____

Telephone
Number(s) _____

**PLEASE RETURN TO:
600 Grant St. Suite 202
Denver, Colorado 80203
303-844-4988**