

Print this form and fax or mail to:
U.S. Representative Zoe Lofgren (CA-19) 635 North First Street, Suite B San Jose CA 95112
Fax: (408) 271-8715

Authorization Sheet

Date _____

Name _____ Prefix _____

Address _____

Email _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Social Security # _____ Date of Birth _____

Agency Involved _____

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.) _____

Date and Place Claim was Filed _____

Please describe problem in detail _____

I am informed that the Privacy Act of 1974 prohibits the release of information in my file without my written approval. In accordance with the provisions of this Act, I hereby authorize Congresswoman Zoe Lofgren to make inquiries to any federal government agency on my behalf regarding my issue.

Sincerely,

(Signature)