

Susan W. Brooks  
Fifth District, Indiana

COMMITTEES:

Energy and Commerce

Ethics

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Authorization in Accordance with the 1974 Privacy Act

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Receipt, Locator, ID or Other Case #: \_\_\_\_\_

For Immigration cases, Please give your Country of Birth: \_\_\_\_\_

What Federal Agency are you currently working with on this case? \_\_\_\_\_

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Send copies of any relevant information (**DO NOT SEND ORIGINALS**). Please include what agency you are working with and indicate if you have a representative working for you. Use extra paper if necessary.

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THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. DISCLOSURE OF PERSONAL RECORDS TO A MEMBER OF CONGRESS WHO IS ACTING ON BEHALF OF THE CONSTITUENT IS PROHIBITED, UNLESS THE INDIVIDUAL TO WHOM THE RECORD PERTAINS HAS CONSENTED.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I, (print your name) \_\_\_\_\_, authorize the above referenced federal agency to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Representative Susan W. Brooks and her staff.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive e-newsletters and other important information from Congresswoman Brooks.