

## Congressman Chris Stewart, District 2 Consent for Release of Personal Records/On Behalf Of

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

## **Authorized Representative:**

Name:			
	First	Middle	Last
Address:	City:		
State:	Zip:	Primary Ph	one: ()
Email:			$\Box$ Home $\Box$ Cell $\Box$ Work
Claimant/Bene	ficiary:		
Name:			
	First	Middle	Last
Date of Birth:		Social Security Numb	er:
Case, File or Re	gistration Number:		
Type of issue an	d agency you are work	ing with:	
Are you working	g with another Congres	sperson/Senator? 🗆 Yes 🗆 N	lo Who:
Are you working	g with legal counsel?	] Yes 🗌 No Who	
Do you have any	y pending issues with th	ne IRS? 🗆 Yes 🗆 No	
Have you been c	charged with any crime	s? 🗆 Yes 🗆 No	

I understand that by requesting assistance of Congressman Stewart and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Stewart or his staff may result in the discontinuance of assistance.

Authorized Representative Signature (no e-signatures)

Date

Please return form to: Congressman Chris Stewart, 585 West 500 South #230, Bountiful, UT 84010 It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another paper. In addition, if you answered yes to any of the questions on the previous page, please provide a detailed explanation.

**Summary of Problem:** 

**Please return form to:** Congressman Chris Stewart, 585 West 500 South #230, Bountiful, UT 84010