Congressman Devin Nunes

Constituent Services Privacy Release Form

1 Please print or type all information:

Name _____ Day Phone _____
First *Middle* *Last*

Address _____ Social Security # _____
_____ Date of Birth _____
City *State* *Zip* E-Mail Address _____

Name of subject person if different from above: _____ DOB _____
Address _____ Phone _____
_____ Social Security # _____

2 Please complete the section below:

Are you currently seeking or receiving **Supplemental Security Income (SSI)**? _____

Are you currently seeking or receiving **Social Security Disability Insurance**? _____

Are you currently seeking or receiving **Social Security Retirement Benefits**? _____

Do you have an overpayment? _____ Does Social Security owe you back pay? _____

Have you filed a Request for Waiver of your overpayment? _____ Have you filed a Request for Reconsideration? _____

Are you currently waiting for a hearing with an Administrative Law Judge? _____

Which local office do you most frequently visit or correspond with? _____

3 PLEASE SIGN:

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' office to obtain any information to assist me with the matter described below.

Print Name _____ Signed _____ Date _____

4 Please give further details describing the situation for which you are requesting assistance. Attach additional pages if necessary.

Please return this completed form to Congressman Devin Nunes at the address below.

113 N. Church Street, Suite 208
Visalia, California 93291
Ph: (559) 733-3861
Fax: (559) 733-3865