



Congressman Devin Nunes

Constituent Services Privacy Release Form



1 Please print or type all information:

Name _____ Day Phone _____
First Middle Last

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

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

2 Please complete the appropriate section below:

IRS Inquiries

Tax Year(s) _____ Type of Tax _____

Immigration or Naturalization

WAC # _____ A# _____ Type of Application _____

Office where application was filed _____ Date Filed _____

Military or VA Inquiries

VA File Number _____ Rank _____
Branch of Service _____ Period of Service _____
Where Stationed _____ Town of Enlistment _____

Please list the federal agency involved if not listed above _____

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 describe the situation for which you are requesting assistance. Attach additional pages if necessary.

Please return 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