



District Office:
101 Main Street, Suite 380
Huntington Beach, CA 92648
(714) 960- 6483
Fax: (714) 960-7806

Congressman Dana Rohrabacher
Privacy Act Authorization Form

Date: _____

Name: _____ Social Security # _____ - _____ - _____

Address (no P.O. boxes): _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Birthplace: _____ Email: _____

Federal Agency: _____

- 1.) Case Identification Number (VA claim, Alien number, tax ID, etc.): _____
- 2.) Date and Place Claim was Filed: _____

I request the assistance of Congressman Dana Rohrabacher regarding the following federal matter:

Please answer the following questions:

- 1.) Have you previously contacted my office regarding this federal matter? YES ___ NO ___
- 2.) Have you appealed an agency decision on this matter? YES ___ NO ___
- 3.) Have you hired legal counsel? YES ___ NO ___

In accordance with the privacy Act of 1974 (PL 93-579), I hereby authorize Congressman Dana Rohrabacher or a member of his staff to make the appropriate inquiry on my behalf.

Signature