**Office of Congresswoman Anna Eshoo**
**Privacy Consent Form**

Date: _____

Name: _____

Address: _____

_____

_____

Phone (home): _____ (work): _____

Social Security Number: _____

Agency Claim Number (if applicable): _____

Federal Agency Involved: _____

Please briefly explain the problem you are currently having with a federal agency:

Please describe the nature and date of your latest correspondence or contact with the agency.

Have you contacted this office before regarding this matter? If so, when?

In accordance with the provisions of the Privacy Act, I hereby authorize Congresswoman Anna Eshoo and her staff to make inquiries on my behalf and to receive confidential information in their efforts to assist me in resolving a federal agency matter.

_____
Signature

_____
Printed Name

_____
Date