

**OFFICE OF CONGRESSWOMAN ANNA G. ESHOO
PRIVACY CONSENT FORM**

Please print clearly

Date: _____/_____/_____

Name: (Last) _____,

(First) _____

Address: _____

Phone: (Daytime): _____ (Evening) _____

E-mail: _____

This case is pending with the following federal agency: _____

Name of Applicant/Entity: _____

- Type of Application: _____
- Social Security Number: _____
- Military Branch: _____

Please briefly explain the problem you are having with the federal agency referenced above:

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

Have you previously contacted this or any other representative's office regarding this matter? If so, when?

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), 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 in resolving a federal matter.

Signature

Today's Date

Please Return to: 698 Emerson Street
Palo Alto, California 94301
650-323-2984 (phone)
650-323-3498 (fax)