

**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: ___Medicare/Social Security___

Name of Applicant/Entity: _____

- Type of application: _____
- Social Security Number: _____
- Medicare Number: _____
- Date of Birth: _____

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?

I, _____ certify, under penalty of perjury, that 1) I provided or
(please print name)
authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I am authorized to release this information because _____.

Furthermore, I authorize *any federal agency* to release information contained in my records as relevant to resolving my case referenced above, and to the extent permitted by law, to Congresswoman Anna G. Eshoo and members of her staff in accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a).

Signature

Today's Date

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