

**OFFICE OF CONGRESSMAN SAM T. LICCARDO**  
**PRIVACY CONSENT FORM**

*Please print clearly*

Date:        \_\_\_\_/\_\_\_\_/\_\_\_\_

Name:        (Last)\_\_\_\_\_ ,

              (First) \_\_\_\_\_

Address:     \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (Daytime): \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Agency Claim Number (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_                      Passport #: \_\_\_\_\_

- 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 Congressman Sam Liccardo and his staff to make inquiries on my behalf to any federal agency and to receive confidential information in their efforts to assist me in resolving a federal matter.*

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Signature

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Printed Name

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Today's Date

Please Return to:

1117 Longworth House Office Building  
Washington, DC 20515  
Phone: (202) 225-8104  
Email: [CA16Casework@mail.house.gov](mailto:CA16Casework@mail.house.gov)