



U.S. House of Representatives – (AZ08)
CONGRESSWOMAN DEBBIE LESKO
PRIVACY RELEASE FORM

Dear Congresswoman Lesko:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congresswoman Lesko.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Loan/Case/Claim Number: _____ Social Security Number: _____

Have you contacted another Member of Congress, if so, which office? _____

VETERANS AND MILITARY ISSUE:

Branch of Service: _____ Rank and Unit: _____

SOCIAL SECURITY ISSUE:

Type of claim filed: _____ Social Security Number: _____

Initial Claim Date filed: _____ Status: (pending/approved/denied) _____

Reconsideration/ALJ Hearing: Date filed: _____ Status: _____

OTHER FEDERAL AGENCIES:

Servicer/Agency Name: _____

Case Type: _____ If IRS, specify period or tax year involved: _____

If joint return, joint signature required below.

BRIEF DESCRIPTION OF PROBLEM:

If you would also like this information to be provided to a spouse, parent, child, attorney, or other interested parties please indicate below: _____

Signature: _____ Date: _____

Additional Signature (if required): _____ Date: _____

Please Return this form via fax or US Mail to: Congresswoman Debbie Lesko (AZ08) ---
12515 W. Bell Road, Suite 104, Surprise, AZ 85378 | Office: 623.776.7911 | Fax: 623.776.7832

☐ I would like to receive Congresswoman Lesko's email newsletter.

☐ I authorize that my case and/or name may be used by Congresswoman Lesko (and/or her staff) for promoting Congresswoman Lesko's constituent services.