



**Congressman Mike Gallagher**

**Privacy Act Release**

*Please mail completed form to:*

Congressman Mike Gallagher

1702 Scheuring Road, Suite B

De Pere, WI 54115

Phone: 920-301-4500 Fax: 920-301-4502

Congressman Mike Gallagher and his staff have my permission to obtain any information from my records to assist me in the matter described on the reverse.

Signature: \_\_\_\_\_

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

Contact Information:

Name: (Please print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

List any or all identifying numbers that might apply to your concern:

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Case Number (if applicable): \_\_\_\_\_

Do you currently have a case pending with the involved agency in regard to this matter?

Yes  No  Description: \_\_\_\_\_

Have you contacted or are you working with any other Representative regarding this matter?

Yes  No  Who? \_\_\_\_\_

Please provide a detailed outline of your issue or concern and state how you would like Congressman Gallagher to assist you. Please include copies of all documents pertinent to your concern.

Lined area for writing the response, consisting of multiple horizontal lines.