



The **Privacy Act of 1974 (Public Law 93-579)** requires your written authorization for my office to contact government agencies on your behalf or discuss your case in detail. The Privacy Act authorizes the disclosure of records to congressional offices acting on behalf of constituents only when the individual has consented.

Contact Information

Name (Print): _____
 Address: _____

 Phone: _____ (mobile)
 _____ (home)
 _____ (work)
 Email: _____

Case Information

Federal Agency: _____
 Case or Claim Number: _____
 Date of Birth: _____ Social Security Number: _____

Case Description

*Please be as detailed as possible regarding the assistance you are requesting and include any relevant documents/notices from the federal agencies processing your case. If necessary, you may continue the description on a separate page. **Please include the effected tax return(s) for IRS cases.***

List any other individuals with whom we may share information: _____

Have you contacted another Congressional office regarding your case? (If yes, please list.) _____

Privacy Statement

I, _____, hereby authorize Senator Gary Peters and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature: _____ **Date:** _____

To return this form to the Detroit office:

Mail: U.S. Senator Gary Peters
 Attn: Constituent Services
 477 Michigan Avenue, Suite 1837
 Detroit, MI 48226

Email: Casework@peters.senate.gov
 Fax: (313) 226-6948