DENNY HECK
10TH DISTRICT, WASHINGTON

COMMITTEES:
FINANCIAL SERVICES

SUBCOMMITTEE ON FINANCIAL INSTITUTIONS AND CONSUMER CREDIT

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515–4710

425 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–9740

420 COLLEGE STREET, SE
SUITE 3000
LACEY, WA 98503
(360) 459–8514

6000 MAIN STREET, SW
SUITE 3B
LAKEWOOD, WA 98499
(253) 208–6172

The Privacy Act of 1974 which went into effect September 27, 1975 is designed to protect you from the unauthorized use and exchange of personal information by Federal agencies. For example, any information a Federal agency has about you, including Social Security data, your military service records or census information may not, with few exceptions, be given to another agency or to a Member of Congress without your written permission.

Investigation of your concern may require that I ask one or more Federal agencies for confidential information. In order to be of better assistance to you, please complete and sign this consent form and return it to my district office located at 420 College Street SE, Suite 3000, Lacey, WA 98503 or fax to 360-459-8581.

Please understand that you are responsible for all of your original documents or copies, and you must retain these for your records. All documentation held by my office will be shredded two years after your case with my office is closed. Your signature below is acknowledgement of this policy.

Thank you,

Denny Heck
Member of Congress

Nature of Problem (if additional space is needed, please continue on additional sheet of paper):

Federal Agency or Department Involved: _____

I hereby authorize Congressman Denny Heck to receive such information about me as may be contained in the records of any department or agency of the Federal Government, which may relate to the above named problem.

Signature: _____ **Print Name:** _____ **Date:** _____

□ **Mr.** □ **Mrs.** □ **Miss** □ **Ms.** □ **Military Rank (if applicable):** _____ □ **Other:** _____

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

Telephone: _____ **Email:** _____ **Date of Birth:** _____

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

Have you contacted the office of another Representative or Senator regarding this matter? □ **Yes** □ **No**

If yes, which office(s): _____ **Date(s) of Contact:** _____

*****This information may also be released to the following persons or people (for example: spouse, parent, family member, guardian, attorney, representative, beneficiary).*****

Print Name: _____ *Relationship:* _____ *Date:* _____

Print Name: _____ *Relationship:* _____ *Date:* _____

PRINTED ON RECYCLED PAPER