

# Congressman John Duarte

## General Privacy Release Form



**Fully complete the following fields. Please, print legibly.**

CONSTITUENT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (check one): Single / Mar / Div / Sep / Wid	
Street Address:		P.O. Box:		Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:	Social Security Number: - - -			
Home Phone Number: (    )	Cell Phone Number: (    )	Email Address:				

**Is this case on behalf of someone else? If so, please provide your information below:**

APPLICANT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Social Security Number: - - -	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:	Email Address:			
Home Phone Number: (    )	Cell Phone Number: (    )	Relationship to Constituent: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				

**Fully complete the appropriate section pertaining to your request below.**

INTERNAL REVENUE SERVICE (IRS) INQUIRY		
Tax Year(s):	Type of Tax:	
MILITARY OR VETERANS' AFFAIRS (VA) INQUIRY		
VA File Number:	Branch of Service:	VA Regional Office Location:
Military Rank:	Period of Service:	Stationed:

### MEDICARE INQUIRY

Are You a Medicare Provider:

Yes  No

Are You Attempting to Enroll or Re-Enroll in Medicare?

Yes  No

List Your Contractor:

Which Office Are You Currently Corresponding With?

### OTHER INQUIRY

Please Provide the Federal Agency Related to Your Inquiry:

**Provide a brief summary of how my office can assist with you with your inquiry. Please, attach additional pages if necessary.**

### INQUIRY SUMMARY

### AUTHORIZATION

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman John Duarte and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms – including medical records or other documents or matters relative to my case.

Print Name:

Signature:

Date:

*You must draw signature, or print & sign. A typed signature will be rejected.*

**Return this completed form to the Office of Congressman John Duarte via fax or mail at the address below. For additional information, you may contact my office by phone at 209-226-6880**

Congressman John S. Duarte  
90. S. First Street  
Turlock, CA 95380