



# Congressman Don Bacon

2<sup>nd</sup> Congressional District of Nebraska

## Privacy Release Form

### PERSONAL INFORMATION (Required)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

### RETURN FORM TO:

Rep. Don Bacon

Attention: \_\_\_\_\_

Via Mail: 13906 Gold Circle, Ste #101

Omaha, NE 68144

Or via email:

Or fax:

### SUPPLEMENTAL INFORMATION (Needed to understand issue)

Social Security/ Alien # \_\_\_\_\_ Veterans Claim # (if Applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Case/Receipt number # (if Applicable) \_\_\_\_\_

Please state the nature of your request, problem, or complaint on which you would like assistance. Please be specific about your concerns and the outcome(s) you are seeking. If necessary, attach a short letter describing the history of the issue. Include copies of any relevant supporting documents, or correspondence pertaining to the issue.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To encourage better coordination among government offices, have any other agencies or elected officials been contacted about this issue? If so, which ones and when? Please provide copies of any correspondence with/from them.

### THIRD PARTY PROXY DISCLOSURE (Optional)

If you would like Rep. Bacon's office to be able to communicate your case details with a family member or attorney, please insert that person's name and contact information in the following blank line. "I hereby authorize Rep. Bacon and his staff to discuss information about this inquiry, on my behalf, with the following individual \_\_\_\_\_."

### DISCLOSURE AUTHORIZATION (Required)

*The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant Representative Don Bacon (and his staff) my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Representative Bacon (and his staff).*

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_