

CONGRESSMAN DAVID G. VALADAO

SOCIAL SECURITY 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 (circle 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 sections below.

| SECTION ONE | |
|---|--|
| Are you currently seeking or receiving Supplemental Social Security Income (SSI)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently seeking or receiving Social Security Disability Insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently seeking or receiving Social Security Retirement Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION TWO

| | | |
|---|------------------------------|-----------------------------|
| Have you filed a request for waiver of your overpayment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you filed a request for reconsideration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does Social Security owe you back pay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently waiting for a hearing with an Administrative Law Judge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Which local office do you most frequently correspond with? | | |

Provide a brief summary of your request for assistance below. Please, attach additional pages if necessary.

INQUIRY SUMMARY

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AUTHORIZATION

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman David G. Valadao 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: |
|-------------|------------|-------|

Return this completed form to the Office of Congressman David G. Valadao via fax or mail at the addresses below. For additional information, you may contact my office by phone at (559) 582-5526.

Congressman David G. Valadao
101 North Irwin Street, Suite 110 B
Hanford, California 93230
Fax: (559) 582-5527