



Office of United States Representative Jason A. Crow

RELEASE OF INFORMATION FORM

Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Representative Jason A. Crow must first receive, in writing, your permission. Please provide the information below (**please print**) and **mail, email, or fax this form** and **other necessary documents** to your Constituent Advocate.

Printed Name: _____

Signature: _____ Date: _____

(not typed) I hereby authorize Representative Jason A. Crow and his staff to work on my behalf with any federal agency relevant to the matter described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Please complete the following section as we must have this information to effectively assist you:

Address: _____			City: _____			Zip: _____		
Preferred Phone#: _____				Email: _____				
Social Security #: _____					Date of Birth: _____			

Housing Loan #:		Name of Bank:					
IRS Case #:		Specific years in question:					
Social Security Case #:		New Enrollment?		YES	NO	Date:	
Immigration File#:		DHS/DOS office:					
Military Rank: _____		Branch: _____		Years of Service: _____		Last Post/Base/Port: _____	
Retirement/Separation Date:		Disabled? YES		NO	Percentage?		

Please include the Information that pertains to your issue:

Have you retained an attorney? YES NO Name: _____

Have you contacted another congressional office? If so, whom? _____

Briefly describe the problem: