



Office of Congressman Glenn Grothman

Privacy Release Form

Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Social Security No: _____ Medicare Beneficiary Identifier (MBI): _____

(please provide the appropriate identification number pertaining to the assistance which you are seeking our help including any case numbers)

Have you contacted any other elected official regarding this case? Yes ___ No ___

If so, which elected official did you contact?

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Include copies of any relevant information. (DO NOT SEND ORIGINALS). Use extra paper if necessary.

Note: The Privacy Act requires the completion of this form in order for Congressman Grothman or his representative to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter with any federal agency.

SIGNATURE: _____ Date: _____

Please return this form to: Congressman Glenn Grothman
24 West Pioneer Rd.
Fond Du Lac, WI 54935-6139
920-907-0624 – office
920-907-0763 - Fax