

MIKE LEE U.S. SENATOR for UTAH

CONSENT FOR RELEASE OF PERSONAL RECORDS

I am requesting that the office of Senator Mike Lee investigate a matter on my behalf. Any information and records that may be of assistance to Senator Lee and his staff in resolving this problem may be released to them, including information and records which are protected by privacy laws. I understand that this form is being used in accordance with the Privacy Act of 1974.

NAME:					
	First	Middle		Last	
ADDRESS:					
	Street	Apt.	City	State	Zip
PHONE:					
EMAIL:					
DATE OF BIRTH:		SOCIAL SECURITY	NUMBER:		
CASE/FILE NUM	BER/IRS Tax Yr:				<u>-</u>
Have you starte	d working with another Co	ongressional/Senate office	on this issue? If so	o, who are you wor	king with?
Are you working	; with legal council on this	issue? If so, who are you	working with?		
true and corre	ect information regardi	assistance of Senator Le ng my situation. Failurd s staff may result in the	e to disclose all in	nformation or any	•
Signature (elec	tronic signatures are not v	alid)	 Date		

RETURN TO: 125 S State Street, Suite 4225 Salt Lake City, UT 84138 / phone: 801.524.5933 fax: 801.524.5730

Feel free to attach a typed response or use additional paper if necessary.						
DETAILED EXPLANATION:						

RETURN TO: 125 S State Street, Suite 4225 Salt Lake City, UT 84138 / phone: 801.524.5933 fax: 801.524.5730