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 NUMBER/IRS Tax Yr: _____

Have you started working with another Congressional/Senate office on this issue? If so, who are you working with?

_____

Are you working with legal council on this issue? If so, who are you working with?

_____

I understand that by requesting the assistance of Senator Lee and his staff, that I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Senator Lee or his staff may result in the discontinuance of assistance.

_____ _____

Signature *(electronic signatures are not valid)* Date

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

It is critical for you to provide a detailed explanation of the problem and a time line of related events. 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