



Congressman Ben Quayle

2400 E. Arizona Biltmore Circle, Suite 1290

Phoenix, Arizona 85016

Phone: 602-263-5300 • Fax: 602-248-7733

Privacy Act Consent Form

To Whom It May Concern:

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for the information concerning me to be furnished to Representative Ben Quayle. I have discussed my case with Congressman Quayle and/or his representative(s) and I request that any relevant information he may require to assist in responding to my inquiry, as his constituent, be provided to him in accordance with the provisions of the law.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Date of Birth: _____ Place of Birth: _____

Government Agency Involved: _____

Social Security Number: _____

If Applicable:

Alien Number: _____

Civil Service Claim Number: _____

Veterans Affairs Number: _____

Branch of Service: _____ Military Rank: _____

Other congressional offices you have contacted regarding this: _____

Please state problem on a separate sheet of paper and include copies of all relevant paperwork.

Signature: _____ Date: _____