



**Congressman Brian P. Bilbray**  
**Privacy Authorization Form**  
**PLEASE PRINT OR TYPE IN BLUE OR BLACK INK**

In accordance with the Privacy Act of 1974 (5 USC 552), I hereby authorize Congressman Brian P. Bilbray or a designated member of his staff, to inquire with the appropriate federal agencies stated below to provides assistance or to resolve the matter described below.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

*By Federal law Congressional staff cannot involve themselves in private legal matters, claims litigation, or represent constituents in any judicial proceedings.*

Full Name: Mr. /Ms. /Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Claim or Agency Case Number: \_\_\_\_\_

Briefly state your situation or difficulty in which you are requesting my assistance. Include details regarding the current status and any corrective measures you have taken to resolve this matter. \*

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*\* Please use additional sheets as necessary or attach and when submitting provide copies (no originals) of any documentation you may have relating to your issue.*

**ONCE COMPLETED PLEASE MAIL OR FAX THIS FORM TO:**  
**Congressman Brian P. Bilbray**  
**462 Stevens Ave. Suite 107**  
**Solana Beach, CA 92075**  
**Fax: (858) 350-0750**