



Congressman Lane Evans  
US House of Representatives

**PRIVACY RELEASE AUTHORIZATION**

I hereby authorize Congressman Lane Evans or his representative to inquire with the following agency on my behalf:

\_\_\_\_\_

(Name of Agency)

In signing this release form, I acknowledge that all information I provide Congressman Evans and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Briefly explain the issue in which you are requesting my assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_