Privacy Release Form

Congressman Luis G. Fortuño
Puerto Rico

Dear Congressman Fortuño:

I give you permission to investigate my difficulties with:

_____
(Name of federal agency or issue)

I understand that this form is being used in compliance with the Freedom of Information Act and/or the Privacy Act of 1974.

Signature:_____
Date:_____

PLEASE PRINT THE FOLLOWING INFORMATION:
Name:_____
Address:_____
City:_____ State: _____ Zip:_____
Daytime Phone Number: _____
Fax Number if available):_____
Email Address (if available): _____
Social Security Number or Applicable Case Number: _____
Date of Birth: _____

Please attach letter of explanation with this document and return this form & all necessary supporting documents to:

Casework
Congressman Luis G. Fortuño
250 Calle La Fortaleza
Old San Juan, PR 00901
Phone: 1-787-723-6333
Fax: 1-787-729-7738