



Congressman John P. Sarbanes

Constituent Service Request Form

Name: _____

Address: _____

Home Phone: _____

Social Security Number: _____

Cell Phone: _____

Agency Involved: _____

Work Phone: _____

ID#, Case# or Loan#: _____

Branch of Service (if applicable): _____

Email: _____

Brief Description of the Problem*:

*Please attach an explanation of your situation and copies of pertinent documents, letters, etc.

Disclosure Authorization

I am aware that Public Law 93-579 (the Privacy Act of 1974) prohibits the release of personal information contained in my records without my permission.

I authorize _____ (Federal Agency)
to provide information concerning my case/claim to Congressman John P. Sarbanes and his staff.

Signature: _____

Date: _____

Third Party Disclosure (optional)

I hereby authorize Congressman John P. Sarbanes and his staff to discuss the results of this inquiry on my behalf with the following individual:

Signature: _____

Date: _____

*Please return this completed form to:
U. S. Representative John P. Sarbanes
600 Baltimore Avenue, Suite 303 · Towson, Maryland 21204
Telephone: (410) 832-8890 · Fax: (410) 832-8898*