



CONGRESSMAN JOHN SARBANES (MD-03)

CONSTITUENT SERVICE REQUEST FORM

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Case/Loan/ID No. (If Applicable): _____

Branch of Service (If Applicable): _____

I Am Requesting Assistance with the Following Agency: _____

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 the above-named agency to release information related to my request to Congressman John Sarbanes and his staff.

Signature: _____ Date: _____

Please attach a brief written description of your request and include any relevant documentation.

Optional: Third Party Disclosure

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