

UNITED STATES REPRESENTATIVE JUSTIN AMASH  
THIRD DISTRICT OF MICHIGAN

**WASHINGTON OFFICE:**  
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WASHINGTON, DC 20515  
PHONE: (202) 225-3831  
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**GRAND RAPIDS OFFICE:**  
110 MICHIGAN STREET NW, SUITE 460  
GRAND RAPIDS, MICHIGAN 49503  
PHONE: (616) 451-8383  
FAX: (616) 454-5630

**REQUEST FOR SERVICE AND PRIVACY ACT RELEASE**

In accordance with *The Privacy Act of 1974* (5 U.S.C. § 552), I hereby give my consent to the release of information to the office of United States Representative Justin Amash.

**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State ZIP:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cellular Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_

Briefly explain the problem or information desired (attach additional pages/documentation as necessary):

Please provide the following information, if appropriate:

**Government Agency Involved:** \_\_\_\_\_  
**Social Security Administration/Medicare Claim Number:** \_\_\_\_\_  
**Veterans Claim Number:** \_\_\_\_\_  
**Branch of Service:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_  
**Alien Registration Number:** \_\_\_\_\_

**\*\*Privacy Act Release\*\***

*I request and authorize United States Representative Justin Amash, and the members of his office, to act on my behalf and to receive information from proper officials regarding the matter described above. United States Representative Justin Amash, and the members of his office, is/are authorized by me to receive on my behalf all correspondence and information about my case.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this completed form to:**  
Office of United States Representative Justin Amash  
110 Michigan Street NW, Suite 460  
Grand Rapids, Michigan 49503  
Fax: (616) 454-5630