



Privacy Authorization Form

Please print this form and email, fax or mail to:

Congressman Leonard Lance
425 North Avenue E Westfield, New Jersey 07090
Attn: Bobbi Goodman
Phone: 908-518-7733 Fax: 908-518-7751
Email: Bobbi.Goodman@mail.house.gov

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Social Security # _____ Date of Birth: _____

Agency Involved: _____

Case Number, if applicable (VA claim, Alien number, tax ID, etc.): _____

Date and Place Claim was Filed: _____

Please describe problem in detail: _____

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lance or a member of his staff to make the appropriate inquiries on my behalf.

SIGNED: _____

DATE: _____