CONGRESSMAN JIM GERLACH

Berks, Chester, Montgomery, and Lehigh Counties, Pennsylvania

PRIVACY ACT CONSENT FORM

RETURN TO:

For Chester County:
Congressman Jim Gerlach
111 E. Uwchlan Avenue, 2nd Floor
Exton, PA 19341

For Berks County:
Congressman Jim Gerlach
840 N. Park Road
Wyomissing, PA 19610

For Montgomery County:
Congressman Jim Gerlach
580 W. Main Street, Suite 4
Trappe, PA 19426

I, _____, authorize Congressman Jim Gerlach and/or a member of his staff to make inquiries of federal agencies and to view confidential information due to provisions of the Privacy Act of 1974 (Title 5, Section 55a of the United States Code) so that they can be of assistance to me with the below referenced matter.

Signature: _____ Date: _____

Name _____ DOB: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

E-mail address: _____ Fax: _____

SS#: _____ Medicare #: _____ Military #: _____

Alien #: _____ Immigration Receipt #: _____

Explain as clearly as you can the nature of your problem and what you are asking Congressman Gerlach to do on your behalf: (Please use the back of this form, if necessary.) **THIS MUST BE COMPLETED**

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