

# The Honorable Elissa Slotkin

8<sup>th</sup> Congressional District, Michigan

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## PRIVACY AUTHORIZATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Check one:    SSN    Alien #    Other (please specify)

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Representative Elissa Slotkin (MI-8) and her staff.

If you are inquiring about a tax return and file jointly, please have your spouse sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and upload the completed form when you submit your casework request at [slotkin.house.gov/help-federal-agency](https://slotkin.house.gov/help-federal-agency)

If you have any questions please contact my district office at (517)993-0510.

**Please Explain the Problem. If you are inquiring about a tax return, please state the tax year:**

**How can Congresswoman Elissa Slotkin assist you with this matter?**

**Have you contacted any other congressional offices? If so, whom did you contact and what was the outcome?**

**How did you hear about Congresswoman Slotkin's casework services?**

- Word of mouth  Internet search  Social media post  Resource fair  Community bulletin board
- Newsletter from an organization or group  Postal mailing  Electronic mailing
- Calling Congresswoman Slotkin's office  In person meeting or event with Congresswoman's staff
- In person meeting or event with Congresswoman  Reviewing Congresswoman Slotkin's website
- Online meeting or event with the Congresswoman
- Online meeting or event with the Congresswoman's staff
- Other

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