

# The Honorable Elissa Slotkin

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

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## Privacy Authorization Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

(Petitioner/Applicant)

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

(Beneficiary)

Date of birth: \_\_\_\_\_ Alien #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Type of Petition/Application: \_\_\_\_\_ Department of State Case#: \_\_\_\_\_

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

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

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

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

**Please Explain the Problem:**

**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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