



**PRIVACY RELEASE FORM**  
**Office of Representative Tim Walz**  
**First District, Minnesota**

*The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. By law, we cannot intervene on the constituent's behalf without his or her express authorization in writing.*

NOTE: Members of Congress are empowered to help constituents interact with federal agencies and, in some instances, other entities. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration and, in some instances, advocate for a favorable outcome.

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Phone (List primary number)** \_\_\_\_\_

**Email** \_\_\_\_\_

**I prefer to be contacted by:**  Mail     Phone     Email

**Please mark the box for the federal issue that requires our attention:**

- |   |  |
|---|--|
| <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Immigration               |
| <input type="checkbox"/> Social Security  | <input type="checkbox"/> IRS                       |
| <input type="checkbox"/> Medicare         | <input type="checkbox"/> Other, please list: _____ |

**Have you contacted other elected officials regarding this issue? If so, please list here:**

**Have you designated others to speak with us? If so, please list name(s) and number(s) here:**

*I authorize Congressman Tim Walz and his staff to grant and obtain personal records, files and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature of primary constituent receiving assistance - Third party signatures are not accepted*

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**Please complete this form in its entirety before returning it to the appropriate office:**

Rochester: 1130 ½ 7<sup>th</sup> St. NW Suite 208, Rochester, MN 55901 or Fax: (507) 206-0650

Mankato: 227 E. Main St. Suite 220, Mankato, MN 56001 or Fax: (507) 388-6181



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*The following information is required before we can determine how best to serve you*

**What problem(s) are you experiencing with the federal agency involved?** Provide a detailed account, include copies of any additional correspondence or documentation that you have initiated or received in this matter as well as pertinent document or status identification information.

**To date, what action have you taken on your own to resolve this issue?** Have you contacted the federal agency? If so, please include the response that you received.

**What is your desired outcome in this matter?**

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