CONSTITUENT SERVICE FORM

U.S. Representative Scott Perry (PA-10)

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NAME _____

DATE OF BIRTH ____/____/____
MM DD YYYY

HOME ADDRESS _____
CITY ZIP

PHONE (____) _____

E-MAIL _____

FEDERAL AGENCY re: YOUR ISSUE _____

SSN / FEDERAL CASE # / RECEIPT # re: YOUR ISSUE _____

PLEASE BRIEFLY DESCRIBE YOUR ISSUE / How You Need Help (may use separate sheet):

☐ Please add me to Rep. Perry's E-Newsletter contact list.
☐ I authorize Rep.Perry / his Staff to leave information on my voicemail with regard to my inquiry.

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize US REP. SCOTT PERRY/ his Staff to request assistance on my behalf in connection with my above issue. I authorize discussion of my records with Rep. Perry/his Staff. I authorize Rep. Perry/his Staff to use this Privacy Release for any inquiries or subsequent appeals of the issue outlined above.

SIGNATURE _____
(Under the terms of the Privacy Act, all constituent service requests must include a signature)

DATE _____