**Office of Congressman Ami Bera**
**Privacy Act Waiver**
**District Office Address:**
**11070 White Rock Rd., Ste. 195**
**Rancho Cordova, CA 95670**
**Phone: (916) 635-0505**
**Fax: (916) 635-0514**

| | |
|---|---|
| **NAME:**_____ | **Please provide the following for the concerned applicant:** |
| **ADDRESS:**_____ | |
| City/State/Zip_____ | **SOC. SEC. #**_____-_____-_____ |
| **PHONE:**_____ | **DATE OF BIRTH:**_____/_____/_____ |
| Work/Cell_____ | |
| **EMAIL:**_____ | **CASE NUMBER:**_____ |

**What concerns are you having with a federal agency?**

_____

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_____

**What specific action are you seeking from our office?**

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|---|---|
| Have you contacted any other elected official to assist you problem?_____ *(Name)* | Do you currently have an attorney working your case?_____ *(Yes or No)* |

*I hereby authorize Congressman Ami Bera or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.*

**Signature:** _____ **Date** _____

08/29/13