



Representative

**AMI BERA, M.D.**

Making Government Work for Sacramento County

**Privacy Act Waiver**

The Privacy Act of 1974, as amended, (5 U.S.C. §552a) requires that Members of Congress and their staff have written authorization before they can obtain information from a federal agency about a constituent's federal issue.

Please return this form to Congressman Bera's District Office preferably to [Bera.Casework@mail.house.gov](mailto:Bera.Casework@mail.house.gov) or 8950 Cal Center Drive, Building 3, Suite 100, Sacramento, CA 95826, Phone: 916-635-0505, Fax: 916-635-0514

Name: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

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

**Please provide the following, if applicable:**

City, State and Zip Code: \_\_\_\_\_

Case Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Branch of Military Service: \_\_\_\_\_

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

Full Social Security Number: \_\_\_\_\_

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

**Brief Description of the Issue:**

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**Specific Actions You Are Seeking:**

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I hereby authorize Congressman Bera and his staff to request, receive, and transmit any information regarding my request for assistance. I hereby release Congressman Bera and his staff from any liability that may arise by obtaining the requested information.

Signature (Must Be Hand-Signed): \_\_\_\_\_ Date: \_\_\_\_\_