



**Congresswoman Michele Bachmann**  
**Minnesota 6<sup>th</sup> District**

**PRIVACY RELEASE FORM**

Pursuant to the Privacy Act of 1974, I/we hereby authorize United States Representative Michele Bachmann to make an inquiry on my/our behalf to the \_\_\_\_\_  
 I authorize the release to her of all pertinent information about me/us necessary to respond to her inquiry. By signing this release, I/we hereby acknowledge that my/our request is not the subject of litigation.

_____	_____
(PRINTED NAME)	(SIGNATURE)
_____	_____
(PRINTED NAME)	(SIGNATURE)
_____	_____
(STREET ADDRESS)	(CITY/ZIP CODE)
_____	_____
(PHONE NUMBER)	(BIRTHDATE)
_____	_____
(SOCIAL SECURITY OR CLAIM #)	(TODAY'S DATE)

**Please Give a Brief Description Of Your Problem**  
**(attach additional pages or supporting documents if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return or Send Form To:  
 Congresswoman Michele Bachmann  
 Century Office Park  
 6043 Hudson Road, Suite 330  
 Woodbury, MN 55125  
 Fax: (651) 731-6650 Phone: (651) 731-5400  
 If sending fax, please also mail-in original.