

Privacy Release Authorization Form



CONGRESSWOMAN
Michelle Lujan Grisham
PROUDLY SERVING NEW MEXICO'S 1ST DISTRICT

Please fill out this authorization form to receive assistance

NAME _____ DATE _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____ FAX _____

Are you in contact with another member of the New Mexico Congressional Delegation? (Y) _____ (N) _____
Who? _____

Please include any pertinent numbers. For example: registration number, receipt, passport, loan, CSA, IRS and USCIS.

Federal agency that you need help with. _____

I authorize Congresswoman Michelle Lujan Grisham and her designated representative to request, give and receive pertinent information about my case with all agencies and organizations related with my query.

Signature _____ Date _____

Please briefly explain the issue or the information you wish to receive from this request for assistance. Include additional pages if necessary. Please include copies of any relevant documentation with your request, thank you.

Please complete this form and return it.
Office of Congresswoman Michelle Lujan Grisham
400 Gold Ave SW Suite 680
Albuquerque, NM 87102
Telephone: (505)346-6781 Fax: (505)346-6723

[Click here to fill out this form online](https://lujangrisham.house.gov/services/help-with-a-federal-agency)

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