



CONGRESSWOMAN MADELEINE Z. BORDALLO

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CONSTITUENT AUTHORIZATION

To the Constituent: Please fill in the appropriate information in the spaces provided below.
Please sign and return this form by fax or mail.

TO: Congresswoman Madeleine Z. Bordallo (Attn: _____)
FAX: (671) 477-2587

Note: Completing this form does not authorize the release of information other than what is specifically described below. The form authorizes release of information in accordance with The Privacy Act of 1974, Public Law 93-579, and the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 & 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Disclosure of information requested is voluntary. However, if the information is not complete and accurate, the Office of Congresswoman Madeleine Z. Bordallo may be unable to obtain necessary information to respond to your request.

I authorize _____ (Agency, Business or Organization) to provide the Office of Congresswoman Madeleine Z. Bordallo with information that may be confidential regarding my constituent case. This authorization is given for the purpose of my request for assistance as described below. This authorization will automatically expire: (1) upon resolution of my case; (2) on _____ (month/day/year); or (3) upon receipt of written notice revoking authorization.

Please provide a brief description of your case, including case number, if applicable, and the type of information our office may obtain (example: health records, payroll records):

Name (Print)

Date

Signature

Social Security Number

Mailing address: _____

Telephone Number

Fax

Email

CERTIFICATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it.

Signature: _____
Constituent

Date: _____