

ILHAN OMAR
MEMBER OF CONGRESS
5TH DISTRICT, MINNESOTA

1730 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4755

310 E 38TH ST. - SUITE 222
MINNEAPOLIS, MN 55409
(612) 333-1272

WWW.OMAR.HOUSE.GOV



Congress of the United States
House of Representatives
Washington, DC 20515-2305

COMMITTEE ON
EDUCATION AND WORKFORCE
SUBCOMMITTEES ON
HEALTH, EMPLOYMENT, LABOR & PENSIONS
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PRIVACY RELEASE FORM

The Privacy Act of 1974 requires written consent from the constituent before Congresswoman Ilhan Omar can receive your information from a government agency. To better serve you, please complete both sides of the following form, and return it to me. If you are inquiring on behalf of someone, that person must sign this form.

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: _____

Date of Birth: _____ Social Security Number: _____

Agency/Agencies Involved: _____

I freely and willingly authorize Congresswoman Ilhan Omar and her staff to make inquiries into my personal records and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature: _____ Date: _____

Please complete page 2.

Please explain the issue you are experiencing, including as much detail as possible. You may include additional documents or attach more pages as needed.

Please state how you would like Congresswoman Ilhan Omar to help you.

How did you hear about the services our office provides?

I designate the following person(s) to discuss this matter on my behalf with Congresswoman Omar and her staff (if applicable):
