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

HOUSE FOREIGN AFFAIRS COMMITTEE,
HOUSE BUDGET COMMITTEE, AND HOUSE
EDUCATION AND LABOR COMMITTEE

AFRICA, GLOBAL HEALTH, GLOBAL HUMAN
RIGHTS AND INTERNATIONAL ORGANIZATIONS
SUBCOMMITTEE & THE OVERSIGHT AND
INVESTIGATIONS SUBCOMMITTEE

HIGHER EDUCATION AND WORKFORCE
INVESTMENT SUBCOMMITTEE & THE
WORKFORCE PROTECTIONS SUBCOMMITTEE

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: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

I prefer to be contact by: Home Phone Cell Phone Email US Mail

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 other side.

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

Office Use Only

Assigned to _____ Received _____

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.