



Privacy Authorization Form

U.S. Congressman Jason Smith

Eighth Congressional District of Missouri

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

SSN: _____ Date of Birth: _____

Government Agency Involved: _____

Please describe your concerns below:

I hereby request the assistance of the Office of Congressman Jason Smith to resolve the matter described above, as well as any related concerns. I authorize him and his staff to receive any information that they might need to provide this assistance. The information I have provided to Congressman Smith is true and accurate to the best of my knowledge and belief. The assistance I have requested from this office is in no way an attempt to evade or violate any federal, state, or local law.

Signature

Date

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Cape Girardeau, MO 63703
573-335-0101
573-335-1931 Fax

830A South Bishop
Rolla, MO 65401
573-364-2455
573-364-1053 Fax

PO Box 1165
Farmington, MO 63640
573-756-9755
573-756-9762 Fax

35 Court Square, Suite 300
West Plains, MO 65775
417-255-1515
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