

# BRAD FINSTAD

PROUDLY SERVING THE 1ST DISTRICT OF MINNESOTA

Under the Federal Privacy Act of 1974, Congressman Finstad's office must have a signed privacy release form outlining your problem or a signed letter which clearly states your issue. This provides our office permission to investigate the matter on your behalf. Please send this SIGNED release form or letter to the office listed below via US Postal Service or fax. Please include any relevant identifying information and supporting documents which relate to your inquiry. WE MUST HAVE YOUR SIGNATURE AND EXPLICIT REQUEST FOR ASSISTANCE TO LOOK INTO A MATTER ON YOUR BEHALF.

NAME: (PLEASE PRINT) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

FEDERAL AGENCY INVOLVED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HAVE YOU CONTACTED OTHER ELECTED OFFICIALS ABOUT THIS CASE? IF YES, PLEASE LIST:

EXPLAIN THE PROBLEM INCLUDING DATES, LOCATIONS, NAMES: USE ADDITIONAL PAPER IF NECESSARY AND INCLUDE COPIES OF APPLICABLE SUPPORTING DOVUMENTS:

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I AUTHORIZE CONGRESSMAN FINSTAD AND HIS STAFF TO RECEIVE INFORMATION RELATED TO MY CASE/INQUIRY.

SIGNATURE (SIGN IN INK): \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PLEASE RETURN VIA MAIL TO:  
CONGRESSMAN BRAD FINSTAD  
ATTN: CONSTITUENT SERVICES  
110 N MINNESOTA ST, SUITE 5,  
NEW ULM, MN 56073