



CONGRESSMAN JIM RENACCI

Representing the 16th District of Ohio

Privacy Act Release Form

I give permission to Congressman Jim Renacci and his staff to make any and all necessary inquiries on my behalf to your agency, per the Privacy Act of 1974. I hereby authorize you to release all relevant records and information pertaining to my case to Congressman Renacci and his staff.

Name: _____ Date of Birth: _____

Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Social Security Number: _____ Case Number (If applicable): _____

Employer ID Number (If applicable): _____

If you are interested in receiving Congressman Renacci's e-newsletter, please check here.

Email Address: _____

Please explain the nature of the problem or issue you are experiencing and attach any correspondence which supports your statement or which relates to your case (If necessary, use additional paper). If the information from your case needs to be released to a third party (i.e. parent, spouse, or guardian), please list that third party's name and contact information below.

Signature: _____ Date: ____ / ____ / ____

For IRS Cases Only Please Complete This Additional Information:

Type of Tax (e.g., 1040, 1120, etc.): _____ Year (s) of Tax: _____

Under the Authority of the Internal Revenue Code 6103(c), I, the undersigned, authorize Congressman Jim Renacci or his staff to investigate and receive information pertaining to the matter described above.

Please return the completed form and any other relevant information to:

Congressman Jim Renacci
1 Park Center Drive, Suite 302
Wadsworth, Ohio 44281
Fax: 330-334-0061
Phone: 330-334-0040

or

Congressman Jim Renacci
7335 Ridge Road, Suite 2
Parma, Ohio 44129
Fax: 440-882-6560
Phone: 440-882-6779