

**EMILY RANDALL**  
06<sup>TH</sup> DISTRICT, WASHINGTON

HOUSE COMMITTEE ON NATURAL  
RESOURCES

SUBCOMMITTEE ON INDIAN & INSULAR AFFAIRS

SUBCOMMITTEE ON FEDERAL LANDS

HOUSE COMMITTEE ON OVERSIGHT  
& ACCOUNTABILITY

SUBCOMMITTEE ON HEALTH CARE & FINANCIAL  
SERVICES

SUBCOMMITTEE ON GOVERNMENT OPERATIONS



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

WASHINGTON, DC OFFICE

1531 LONGWORTH HOB  
WASHINGTON, D.C. 20515  
PHONE: (202) 225-5916

**DISTRICT OFFICES**

345 6<sup>TH</sup> STREET SUITE 500  
BREMERTON, WASHINGTON 98337  
PHONE: (360) 373-9725

1102 A STREET SUITE 326  
TACOMA, WASHINGTON 98402  
PHONE: 253-272-3515

In order to properly assist you, I will need you to complete the attached Information Release Form to ensure that I have your permission to initiate an inquiry on your behalf. The Federal Privacy Act of 1974 (Public Law 93-579) prohibits the disclosure by federal agencies of confidential information concerning your affairs without your written authorization.

In addition, please clearly describe your issue in writing and provide supporting documentation that is relevant to your case so that I can present this information to the proper agency.

Once you have completed the form and assembled the documentation, please mail it to the following address:

Congresswoman Randall  
345 6th Street, Suite 500  
Bremerton, WA 98337

I look forward to assisting you. If you have any questions, please do not hesitate to contact my Bremerton Office at (360) 373-9725.

Sincerely,

A handwritten signature in blue ink that reads "Emily Randall". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Emily Randall  
Member of Congress

EMILY RANDALL  
06<sup>TH</sup> DISTRICT, WASHINGTON



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The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

Name (please print): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Subscribe to our Newsletter? Yes \_\_\_ No \_\_\_

Social Security Number: \_\_\_\_\_ Case Number \_\_\_\_\_

Have you Contact the office of another Representative or Senator Regarding this matter? If so, which office(s)?:

\_\_\_\_\_

You also have my permission to discuss my case with the following individual if I am unavailable (optional):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Please clearly describe the situation and your desired outcome which you are requesting assistance. You are encouraged to provide copies of supporting documentation to assist us with you inquiry. **Feel free to attach pages.**

The information I have provided to Representative Emily Randall is true and accurate to the best of my knowledge and belief and is in no way an attempt to evade or violate any federal, state, or local laws. In addition, I acknowledge that the information with Representative Randall and her staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Representative Randall to seek resolution in the matter described above including, the right to receive any information contained in my file, to forward correspondence sent by me/us regarding the above matter, or any other action I have related to the matter described above.

SIGNED\*: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please understand that you are responsible for all of your original documents or copies, and you must retain these for your records. All documentation held by this office will be shredded one year after your case with the office is closed. Your signature below is acknowledgment of this policy.*