# U.S. SENATOR CHRIS COONS of DELAWARE

www.coons.senate.gov

# PRIVACY ACT CONSENT FORM

I hereby authorize Senator Coons or his staff to contact the **Internal Revenue Service** in reference to my inquiry and request information on my behalf.

**The IRS is authorized to furnish Senator Coons or his staff with copies of any documents or verbally discuss, using any means (including personal voice mail to which no else has access), any matters relative to my inquiry.** I am aware that the Privacy Act of 1974 and IRC 6103 prohibit the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

First Name M.I. Last Name Date of Birth

Street Address City State Zip

Email Address Cell Phone Number Other Phone Number

Social Security Number Tax Year(s) Tax Forms

Spouse's Full Name Spouse's Date of Birth

Spouse's Email Spouse's Phone Spouse's Social Security Number

**Detailed Explanation of Issue:**

Are you currently working with the office of Senator Blunt Rochester or Congresswoman McBride on this matter? Yes ☐ No ☐

If yes, please specify: _____

Signature Spouse's Signature

Date Date