Office of Congressman Ben Cline

Consent for Release of Personal Records by Taxpayer Advocate Service/IRS

☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** _____ **DOB:** _____

Address: _____

City, State, & Zip Code: _____

Phone: Home: _____ Cell: _____

Email: _____

Taxpayer Advocate Service/IRS may contact the constituent directly if unable to reach the Congressional Office? Yes ☐ No☐

Would you like to subscribe to Congressman Cline's e-newsletter? Yes ☐ No☐

Attach a brief explanation of your situation and copies of any documents related to your case.

I have sought assistance from Congressman Ben Cline on a matter that may require the release of information maintained by your agency and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my record or to discuss problems involved in this case with Congressman Ben Cline or his representative until this matter is resolved.

I understand that Congressman Ben Cline or his representative will be the point of contact for resolution.

Privacy Release is granted for the following tax years: _____

Signature _____ **Date** _____

PLEASE RETURN THIS FORM TO THE OFFICE MARKED BELOW.

☐ **Harrisonburg Office**
70 North Mason St.
Harrisonburg, VA 22802
540-432-2391 (P)

☐ **Roanoke Office**
10 Franklin Rd., SE
Suite 510
Roanoke, VA 24011
540-857-2672 (P)

☐ **Staunton Office**
117 S. Lewis St.
Suite 215
Staunton, VA 24401
540-885-3861 (P)

☐ **Winchester Office**
100 North Loudoun St.
Suite 120
Winchester, VA 22601
540-546-0876 (P)

OR VIA FAX AT 540-857-2675