

**U.S. SENATOR AMY KLOBUCHAR
1200 Washington Ave. South
Suite 250
Minneapolis, MN. 55415**

Phone: (612) 727-5220 Fax: (612) 727-5223
Toll Free (888) 224-9043

PRIVACY ACT RELEASE

The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it to my Minnesota office. Please be aware that the person requesting assistance must sign this form.

Mr. Mrs. Ms Dr.

Name:

Mailing Address:

City: State Zip

Phone (H): (W): Cell

Email Address:

Date of Birth:

Military or Veteran's Issues:

Social Security: _____

Rank/Unit: _____ Duty Station: _____.

Groton _____

Immigration Issues:

Receipt Number: _____ Alien Number: _____

Type of Petition Filed: _____ Current Status: _____

Consulate Involved: _____

Name and Contact Information of Interpreter (if any): _____

Social Security Issues:

Social Security Number: _____

Type of Claim Filed: _____

| | | | |
|------------------|----------------|-----------------|---------------|
| Initial Claim: | Pending: _____ | Approved: _____ | Denied: _____ |
| Reconsideration: | Pending: _____ | Approved: _____ | Denied: _____ |
| ALJ Hearing: | Pending: _____ | Approved: _____ | Denied: _____ |
| Appeals Council: | Pending: _____ | Approved: _____ | Denied: _____ |

Please provide a detailed account of your situation. Use a separate sheet if necessary and provide copies of any relevant correspondence regarding this issue.

Please state how you would like Senator Klobuchar to assist you.

Have you contacted another Congressional office? Yes _____ No _____

If yes, which office have you contacted? _____

Are you working with an attorney in this matter? Yes _____ No _____

If yes, please provide the attorney's name and contact information. _____

Can Senator Klobuchar's office contact your attorney? Yes _____ No _____

I hereby authorize the office of U.S. Senator Amy Klobuchar to access my records and act on my behalf with any and all agencies necessary to resolve the matters listed above.

Signature: _____ Date: _____