U.S. SENATOR AMY KLOBUCHAR
1200 Washington Avenue South #250
Minneapolis, MN 55415
Phone: (612) 727-5220 Fax: (612) 727-5223

PRINT

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:_____ Date of Birth:_____
mm/dd/yyyy

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone (H): _____ (W):_____ Cell:_____

Email Address:_____

Federal Agencies involved:_____

Social Security Number*:_____

***Do not provide SSN for immigration or housing issues**

Military or Veteran's Issues:

Branch of Service:_____ Are you currently serving? Yes _ _ No ____

What agency does your issue concern? If other, please specify:_____

Veterans Benefits Administration _____ Veterans Health Administration _____ Other _____

Type of Claim Filed:_____

Social Security Issues:

Type of Claim Filed:_____

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

Immigration Issues:

Petitioner:

Country of Birth:_____ Alien Number (if any):_____

Beneficiary Name (if applicable):_____

Date of Birth:_____ Country of Birth:_____

Alien Number (if any):_____ Date of Filing: _____

Application type:_____ **Receipt Number:**_____

Please provide a detailed account of your situation and state how you would like Senator Klobuchar to assist you. Use a separate sheet if necessary and provide copies of any relevant correspondence regarding this issue.

Have you contacted another Congressional office? Yes _____ No _____

If yes, which office have you contacted? _____

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release submitted with it; and 3) all of this information is complete, true, and correct. 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: _____