

U.S. SENATOR AMY KLOBUCHAR

1200 Washington Avenue 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 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 Number: _____

Rank/Unit: _____ Duty Station: _____

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 behalf with any and all agencies necessary to resolve the matters listed above.

Signature: _____ Date: _____