

**U.S. SENATOR AMY KLOBUCHAR**

PO Box 15024

Minneapolis, MN 55415

Phone: (612) 727-5220 Fax: (202) 224-1792

**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: \_\_\_\_\_