

# Office of Senator Tina Smith

## *Authorization to Release Information*

The Privacy Act of 1974 ordinarily limits the disclosure of personally identifiable records by federal executive agencies, absent permission from the person involved. Accordingly, to facilitate my constituent casework request, I hereby authorize Senator Tina Smith and any member of her staff to receive information in my file and to forward any correspondence sent by me regarding this matter. **Please note the person requesting assistance must sign this form.**

Mr.                       Ms. / Mrs.                       \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Info: \_\_\_\_\_  
(Email Address)                      (Preferred Phone)                      (Secondary Phone)

I prefer to be contacted by:     Email     Phone     Letter

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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 and submitted with it; and 3) all of this information is complete, true, and correct.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Please send this form to the address/fax number below:**

Office of U.S. Senator Tina Smith  
60 Plato Boulevard East, Suite 220  
Saint Paul, MN 55107  
Fax (651) 221-1078

Have you contacted any other Congressional office?       Yes       No  
If yes, which office?       Senator Klobuchar       U.S. Representative \_\_\_\_\_

Designated representative (if applicable): U.S. Senator Tina Smith and her staff have my permission to share information regarding my case with the following person(s): (Please list full name, phone number, and/or email address of any designate representative, such as a relative, attorney, interpreter or any other person who may request or discuss information on your behalf. Do not list federal or state agencies in this section.)

\_\_\_\_\_

Please briefly explain your situation. How can our office help you?

**Please complete any section below that is relevant to your case.**

**Immigration/Visa Issues**

USCIS Receipt Number: \_\_\_\_\_ Alien Number: \_\_\_\_\_

Type of Petition Filed: \_\_\_\_\_ Case status: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ NVC Case Number: \_\_\_\_\_

**Veterans or Military Issues**

VA Case Number: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

**Social Security/Medicare Issues**

Social Security Number: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Type of claim filed: \_\_\_\_\_ Date filed: \_\_\_\_\_

Filing status:     Initial Claim     Reconsideration     ALJ Hearing     Appeals Council