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: _____

Pronouns (optional):_____

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

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/IRS

Social Security Number: _____ Medicare Number: _____

Type of claim filed: _____ Date filed: _____

Filing status: ☐ Initial Claim ☐ Reconsideration ☐ ALJ Hearing ☐ Appeals Council