



UNITED STATES SENATOR TAMMY BALDWIN
PRIVACY ACT RELEASE FORM

The Privacy Release Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your signature on this privacy act release form before I can contact a federal agency on your behalf. Please print this form, complete it, sign it and mail or fax it to one of the offices designated below. If you do not have a printer, you may request a hard copy of a Privacy Act Release form from either of my state offices.

PLEASE PRINT

Name: (circle one) Mr./Ms./Mrs. _____ Date of Birth: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (H): (_____) _____ (C):(_____) _____

Email: _____

If applicable, please provide me with the following information:

Federal Agency you are having issues with _____

Social Security #: _____ Alien Registration #: _____

OPM CSA #: _____ OWCP claim #: _____

Veteran's Claim #: _____ Rank: _____

Branch of Service: _____ USCIS Case #: _____

Interview Date: _____ Receipt/Priority Date: _____

You must write your concerns and/or ask of this office in this space. Please provide a brief summary explaining your problem/concern. You may also attach copies of relevant supporting documents as needed and/or use an additional piece of paper should you need more space to further explain. (use additional paper if necessary)

Multiple horizontal lines for writing concerns.

I hereby authorize the Senator and her staff access to any and all of my records that relate to the information stated above.

Signature: _____

Date: _____

US Senator Tammy Baldwin
30 W. Mifflin, Suite 700
Madison, WI 53703
608.264.5473 fax

US Senator Tammy Baldwin
633 W. Wisconsin Ave., Suite 1920
Milwaukee, WI 53203
414.297.4455 fax