



United States Senator Jack Reed

AUTHORIZATION & RELEASE OF INFORMATION FORM

The Privacy Act of 1974 (Public Law 93-579) prohibits the federal government from revealing any information from personal files of individuals without the expressed, written permission of the individual involved. Therefore, in order to initiate an inquiry, please provide your contact information and complete the release below.

CONTACT INFORMATION

___ Mr.
___ Mrs.
___ Ms. _____
FIRST NAME MIDDLE NAME LAST NAME

ADDRESS: _____

ADDRESS (2): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

AUTHORIZATION

I, _____, hereby request and authorize U.S. Senator Jack Reed and his staff to intercede on my behalf, including the right to review all appropriate documentation that he and his staff deem necessary in connection with my application for assistance or any other action I have pending with the _____.

NAME OF AGENCY

I understand that any documents I provide to Senator Reed and his staff may be copied and forwarded to officials of the agency listed above for review. I waive all rights to the release of all related information and records. I also understand that this inquiry may not conclude in my best interest. I sign this release in good conscience and without mental reservation.

Further, 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

*SOCIAL SECURITY NUMBER ** DATE OF BIRTH*
*(**Leave **Blank** for Immigration Cases)*

PLEASE RETURN THIS FORM:

Email:
Casework@Reed.Senate.Gov

Mail:
1000 Chapel View Boulevard
Suite 290
Cranston, RI 02920

Fax:
401-464-6837

ADDITIONAL INFORMATION

Some agencies require additional information in order for Senator Reed's office to make a formal inquiry. Please complete the following section(s) that pertain to your particular inquiry. Please note that additional information may be requested throughout the inquiry's process.

___ Mr.

___ Mrs.

___ Ms.

_____ *FIRST NAME*

_____ *MIDDLE NAME*

_____ *LAST NAME*

EDUCATION / STUDENT LOAN ISSUES

LOAN SERVICER/HOLDER: _____ LOAN SERVICE NUMBER: _____

LOAN SERVICER/HOLDER (2): _____ LOAN SERVICE NUMBER (2): _____

IMMIGRATION / VISA ISSUES

USCIS PETITION RECEIPT NUMBER: _____ PRIORITY DATE: _____

ALIEN REGISTRATION NUMBER A- _____ TYPE OF APPLICATION FILED: _____

PETITIONER: _____ BENEFICIARY: _____

RELATIONSHIP: _____ NVS CASE NUMBER: _____

TYPE OF VISA: _____ COUNTRY OF BIRTH: _____

US EMBASSY/CONSULATE WHERE APPLYING: _____

IRS / TAX ISSUES

TAX ID NUMBER: _____ TAX YEAR(S)/PERIOD: _____

TYPE OF TAX: _____ TAX FORM(S): _____

OFFICE OF PERSONNEL MANAGEMENT (OPM) ISSUES

CIVIL SERVICE NUMBER (IF APPLICABLE): _____

PASSPORT ISSUES

Passport Card Passport Book New Application Renewal Routine Processing Expedite Processing

FULL LEGAL NAME (IF DIFFERENT FROM ABOVE): _____

DATE APPLICATION FILED: _____ DEPARTURE DATE: _____ DEPARTURE TIME: _____

LOCATOR NUMBER: _____ TRAVELING TO: _____

SOCIAL SECURITY INQUIRIES

TYPE OF CLAIM FILE: _____ SSA BRANCH: _____

INITIAL CLAIM DATE FILED: _____ Pending Approved Denied

RECONSIDERATION DATE FILED: _____ Pending Approved Denied

ALJ HEARING DATE FILED: _____ Pending Approved Denied

APPEALS COUNCIL DATE FILED: _____ Pending Approved Denied

VETERAN ISSUES / REQUEST FOR MILITARY RECORDS & AWARDS

FULL NAME OF VETERAN (IF DECEASED): _____

MILITARY BRANCH: _____ SERVICE or SOCIAL SECURITY NUMBER: _____

APPROXIMATE DATES OF SERVICE: _____ TO _____