

## CONSENT FOR RELEASE OF INFORMATION

Due to the restrictions of the Privacy Act of 1974, a signed consent form must be returned to Senator Bob Corker to allow for the viewing of any personal files and information. The information includes, but is not limited to, medical records relative to the inquiry.

To begin processing your request, please complete the following information (Please Print): Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ County: \_\_\_\_ Phone Number(s) – Home: \_\_\_\_\_ \_\_\_\_\_ Work: \_\_\_\_ \_\_\_\_\_ Cell: \_\_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_ Email: Social Security Number: \_\_\_\_ - \_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Complete the following fields only if applicable to your case. MILITARY or VETERANS ISSUES Veteran's Claim Number: Branch of Service: Rank/Unit: SOCIAL SECURITY ISSUES Type of claim filed: \_\_\_\_ Date Filed: Pending Approved Denied **Initial Claim** Pending Reconsideration Approved ☐ Denied Pending **ALJ Hearing** Date Filed: \_\_\_\_\_ Approved Denied Date Filed: **Appeals Council** Pending Approved Denied IMMIGRATION ISSUES Applicant's Name: \_\_\_\_ Type of Application Filed: Receipt Number: \_\_\_\_\_ Alien Registration Number: Date of Birth: \_\_\_\_\_ Place of Birth: Briefly explain your problem and/or desired information (Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents.) \_\_\_\_\_, authorize any federal agency or department In keeping with the Privacy Act of 1974; I relative to my case, to provide information regarding my case/claim to U.S. Senator Bob Corker and staff. Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

# **United States Senator Bob Corker Field Office Locations**

## Chattanooga:

10 West MLK Blvd., 6th Floor Phone: 423-756-2757 Chattanooga, TN 37402 Fax: 423-756-5313

Serving: Bledsoe, Bradley, Coffee, Franklin, Grundy, Hamilton, Lincoln, Marion, McMinn, Meigs, Moore, Polk, Rhea, Sequatchie, Van Buren, Warren and White.

#### Jackson:

Ed Jones Federal Building Phone: 731-424-9655 109 Highland Ave., Suite B8 Fax: 731-424-8322

Jackson, TN 38301

Serving: Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Henderson, Henry, Haywood, Lawrence, Madison, McNairy, Obion, Perry, Wayne and Weakley.

#### **Knoxville:**

800 Market Street, Suite 121 Phone: 865-637-4180 Knoxville, TN 37902 Fax: 865-637-9886

Serving: Anderson, Blount, Campbell, Clay, Cumberland, Fentress, Knox, Loudon, Monroe, Morgan, Overton, Pickett, Roane, Scott and Union.

## **Memphis:**

100 Peabody Place, Suite 1335 Phone: 901-683-1910 Memphis, TN 38103 Fax: 901-575-3528

Serving: Dyer, Fayette, Lake, Lauderdale, Tipton and Shelby.

#### Nashville:

3322 West End Ave., Suite 610 Phone: 615-279-8125 Nashville, TN 37203 Fax: 615-279-9488

Serving: Bedford, Cannon, Cheatham, Davidson, DeKalb, Dickson, Giles, Hickman, Houston, Humphreys, Jackson, Lewis, Macon, Marshall, Maury, Montgomery, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Williamson and Wilson.

### **Tri-Cities:**

Tri-Cities Regional Airport
2525 Hwy 75, Suite 126
Blountville, TN 37617
Phone: 423-323-1252
Fax: 423-323-0358

Serving: Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Sevier, Sullivan, Unicoi and Washington.

Mail or fax the completed form addressed to "U.S. Senator Bob Corker." Be sure to include the appropriate office address for the county in which you live.