



UNITED STATES SENATORS ♦ OHIO
MIKE DeWINE & GEORGE VOINOVICH



CONSENT FOR RELEASE OF INFORMATION

To begin processing your case, please complete the following information (Please Print):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home: _____ Cell: _____ Work: _____
 Email: _____ Fax: _____
 Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____
 BWC Claim Number: _____

Complete 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: _____

Initial Claim	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

IMMIGRATION ISSUES

Applicant's Name: _____ Type of Application Filed: _____
 Alien Registration Number: _____ Receipt 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*):

I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) prohibits the release of information in my file without my approval. I hereby authorize the above mentioned agency (agencies) to provide information regarding my case or claim to the Offices of United States Senators Mike DeWine and George Voinovich.

Signature: _____ Date: _____

Please Return Completed Form and Documents To:

By Mail:
 37 West Broad Street,
 Suite 300
 Columbus, OH 43215

By Fax:
 Fax: 614-469-7419

Questions:
 Telephone: 614-469-6774
 Toll-Free in Ohio Only:
 1-800-205-OHIO