

# Privacy Act Form

Claimant's Name: (Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_)

(Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

(Street or P.O. Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State & Zip Code)

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Claimant's Social Security Number: \_\_\_\_\_

Please check (✓) the type of Social Security benefits applied for:

\_\_\_\_ Supplemental Security Income

\_\_\_\_ Retirement Benefits

\_\_\_\_ Social Security Disability

\_\_\_\_ Survivor's Benefits

\_\_\_\_ Disabled Widow/Widower's Benefits

\_\_\_\_ Black Lung Benefits

If your claim has been denied, have you filed an appeal? \_\_\_\_\_

If yes, what is the date you filed the appeal? \_\_\_\_\_

At what level is your appeal? (Reconsideration, Administrative Law Judge, Appeals Council, Federal District Court)

\_\_\_\_\_  
Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

United States Senator Blanche L. Lincoln and/or members of her staff have my permission to make inquiries into my personal records or files as necessary to assist me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or Fax to: Senator Blanche L. Lincoln  
Attention: Betty Ruth Davis  
912 West 4<sup>th</sup> Street  
Little Rock, Arkansas 72201  
Office: (501)375-2993 or toll free (800) 352-9364  
Fax: (501) 375-7064